

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 04/01/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43361</p> <p>Based on staff and resident representative interview and record review, the facility did not ensure a Power of Attorney for Healthcare (POAHC) was notified of pharmacogenomic testing for 1 resident (R) (R1) of 25 sampled residents.</p> <p>POAHC-M was not notified of pharmacogenomic testing that was completed for R1. In addition, R1 signed a consent form which was obtained by Lab Company (LC)-P without POACH-M's knowledge.</p> <p>Findings include:</p> <p>The facility's Notification of Changes Guideline policy, revised 7/24/19, indicates: Nurses and other care staff are educated to identify changes in a resident's status and define changes that require notification of the resident and/or their representative and the resident's physician to ensure best outcomes of care for the resident.</p> <p>From 3/31/25 to 4/1/25, Surveyor reviewed R1's medical record. R1 was admitted to the facility on [DATE] and had diagnoses including anxiety disorder, major depressive disorder, psychosis, and insomnia. R1's Minimum Data Set (MDS) assessment, dated 1/4/25, had a Brief Interview for Mental Status (BIMS) score of 12 out of 15 which indicated R1 had moderately impaired cognition. R1 had an activated POAHC and discharged from the facility against medical advice (AMA) on 3/11/25.</p> <p>On 3/31/25 at 10:38 AM, Surveyor interviewed POAHC-M who indicated R1 discharged from the facility due to care concerns. POAHC-M indicated in the past, R1 received letters from R1's insurance company regarding pharmacogenomic testing. POAHC-M indicated POAHC-M was not told about the testing and did not give consent for the testing which was completed on 1/23/25.</p> <p>On 4/1/25, the facility provided an order for pharmacogenomic testing for R1. The order, dated 1/10/25, contained Medical Director (MD)-N's signature. The specimen was collected on 1/23/25.</p> <p>A progress note, dated 2/3/25, indicated R1 was screened for pharmacogenomic testing through LC-P for medication management on 1/23/25.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/1/25, Surveyor reviewed the informed consent for pharmacogenomic testing from LC-P. The consent form, dated 1/23/25, indicated R1 verbally approved the consent. Under patient information, a box was checked to bill R1's insurance (and required the patient's signature and an enlarged copy of both sides of the patient's insurance card(s)). The form did not contain a signature or acknowledgement from POAHC-M.</p> <p>On 4/1/25 at 1:04 PM, Surveyor interviewed MD-N who indicated MD-N was not aware of the testing for R1. MD-N indicated the facility had a blanket order they could put MD-N's name on like they would for standing orders. MD-N indicated R1 saw psych and one of the physicians may have requested the test.</p> <p>On 4/1/25 at 1:00 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who indicated the facility did not have documentation that POAHC-M was notified of the testing. NHA-A indicated the company that did the testing came in with the consent form. NHA-A confirmed the order contained MD-N's name, however, the facility could not determine which physician requested the testing. NHA-A confirmed R1 should not have given verbal consent and POAHC-M should have been notified of the request for testing.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50467</p> <p>Based on staff interview and record review, the facility did not ensure activities of daily living (ADLs) needs were met for 1 resident (R) (R9) of 22 sampled residents.</p> <p>R9 did not receive weekly showers as specified in R9's plan of care and was not regularly transferred to the toilet. In addition, R9's medical record did not contain consistent ADL documentation.</p> <p>Findings include:</p> <p>The facility's Activities of Daily Living (ADL) policy, dated 5/7/20, indicates: Our collaborative professional team, together with the resident and/or resident's representative: .2. Develop and implement interventions in accordance with the resident's evaluated need and goal for care preferences and will address the identified limitation in ability to perform ADLs .</p> <p>The facility's Shower/Tub Bath policy, revised 10/2010, indicates: The following information should be recorded on the resident's ADL record and/or in the resident's medical record: 1. The date and time the shower/tub was performed. 2. The name and title of the individual who assisted the resident with the shower/tub bath .5. If resident refused the shower/tub bath, the reason why and the interventions taken. 6. The signature and title of person recording the data.</p> <p>From 3/31/25 to 4/1/25, Surveyor reviewed R9's medical record. R9 was admitted to the facility on [DATE] and had diagnoses including spastic quadriplegic, cerebral palsy, and anxiety disorder. R9's Minimum Data Set (MDS) assessment, dated 2/7/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R9 was not cognitively impaired. R9 was responsible for R9's healthcare decisions and was discharged from the facility on 3/7/25.</p> <p>R9's ADL self-care performance deficit care plan (initiated 2/7/25) indicated R9 was scheduled to shower/bathe on the Sunday AM shift and needed physical assistance for bathing (initiated 2/20/25). The care plan also indicated R9 required the assistance of one staff for transfers and required assistance with toileting (initiated 2/7/25). The care plan contained an intervention to offer toileting assistance upon rising, before and after meals, at HS (evening), and as needed.</p> <p>On 3/31/25 at 12:09 PM, Surveyor interviewed Certified Nursing Assistant (CNA)-H who indicated staff checked and changed R9 but did not take R9 to the toilet.</p> <p>On 4/1/25, Surveyor reviewed CNA charting for chair/bed transfers, bowel and bladder continence, daily routine activities, lower body dressing, toilet transfers, and toileting hygiene. Surveyor noted from 2/6/25 to 2/28/25, thirty of seventy one shifts contained documentation that each category was completed. Surveyor also noted no dates were initialed under bathing-Sunday AM.</p> <p>On 4/1/25, Surveyor reviewed a Skin and Bath Report provided by Nursing Home Administrator (NHA)-A. The report contained two sheets, dated 2/7/25, and another sheet dated 2/23/25. Surveyor noted R9 should have received four showers per R9's plan of care. The Skin and Bath Report indicated there were 16 days between R9's first and second shower and 12 days between R9's second shower and discharge date .</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/1/25 at 9:20 AM, Surveyor interviewed NHA-A who confirmed NHA-A could only locate two shower sheets for R9. NHA-A confirmed if R9 refused a shower, there should be a shower sheet that indicated the refusal.</p> <p>On 4/1/25 at 11:52 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated DON-B could only find two shower sheets for R9. DON-B indicated if documentation does not contain initials and a date, it means the CNA did not chart it. DON-B confirmed CNAs should complete charting and indicated if a CNA does not chart, the task either was not completed or the CNA did not take credit for what they did.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49563</p> <p>Based on observation, staff interview, and record review, the facility did not provide pharmaceutical services to ensure the accurate administration of medication for 9 residents (R) (R21, R24, R25, R18, R14, R17, R15, R16, and R9) of 11 sampled residents.</p> <p>R21, R24, and R25's controlled substance medications were not documented in the controlled substance log at the time the medications were administered on 3/31/25.</p> <p>R18, R14, and R17's 9:00 AM medications were not administered timely on 3/31/25.</p> <p>R21's tramadol was not administered in accordance with the physician order on 3/31/25.</p> <p>R14's bumetanide and carvedilol were not administered in accordance physician orders on 3/31/25.</p> <p>R15's Abilify, amlodipine, atorvastatin, lisinopril, sertraline, and hydralazine were not administered in accordance with physician orders on 3/31/25.</p> <p>R16's hydralazine and sodium chloride were not administered in accordance with physician orders on 3/31/25.</p> <p>R17's Lantus and Humalog were not administered in accordance with physician orders on 3/31/25.</p> <p>R9 did not receive multiple medications in a timely manner from 2/7/25 through 3/7/25.</p> <p>Findings include:</p> <p>The facility's Administering Medications policy, dated 12/2024, indicates: Medications shall be administered in a safe and timely manner and as prescribed .3. Medications must be administered in accordance with the orders, including any required time frame. 4. Medications must be administered within one hour of their prescribed time, unless otherwise specified .</p> <p>1. On 3/31/25, Surveyor reviewed R21's medical record. R21 was admitted to the facility on [DATE] and had diagnoses including degenerative disease of nervous system, respiratory failure, and anxiety. R21's MDS assessment, dated 2/16/25, had a BIMS score of 0 out of 15 which indicated R21 had severe cognitive impairment. R21 had a Guardian for healthcare decisions.</p> <p>On 3/31/25, Surveyor reviewed R18's medical record. R18 was admitted to the facility on [DATE] and had diagnoses including alcoholic cirrhosis of liver, encephalopathy, and anoxic brain damage. R18's MDS assessment, dated 2/14/25, had a BIMS score of 15 out of 15 which indicated R18 was not cognitively impaired. R18 had an activated POAHC for healthcare decisions.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 3/31/25, Surveyor reviewed R14's medical record. R14 was admitted to the facility on [DATE] and had diagnoses including metabolic encephalopathy, end stage renal disease, and pulmonary hypertension. R14's Minimum Data Set (MDS) assessment, dated 3/4/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R14 was not cognitively impaired. R14 was responsible for R14's healthcare decisions.</p> <p>On 3/31/25, Surveyor reviewed R17's medical record. R17 was admitted to the facility on [DATE] and had diagnoses including COPD, weakness, and asthma. R17's MDS assessment, dated 3/15/25, had a BIMS score of 15 out of 15 which indicated R17 was not cognitively impaired. R17 was responsible for R17's healthcare decisions.</p> <p>On 3/31/25, Surveyor reviewed R15's medical record. R15 was admitted to the facility on [DATE] and had diagnoses including diabetes, schizophrenia, hypertension, and major depression. R15's MDS assessment, dated 1/2/25, had a BIMS score of 12 out of 15 which indicated R15 had moderate cognitive impairment. R15 had a Guardian for healthcare decisions.</p> <p>On 3/31/25, Surveyor reviewed R16's medical record. R16 was admitted to the facility on [DATE] and had diagnoses including chronic obstructive pulmonary disease (COPD) and diabetes. R16's MDS assessment, dated 2/19/25, had a BIMS score of 3 out of 15 which indicated R16 had severe cognitive impairment. R16 had an activated Power of Attorney for Healthcare (POAHC) for healthcare decisions.</p> <p>On 3/31/25, Surveyor reviewed R9's medical record. R9 was admitted to the facility on [DATE] and had diagnoses including influenza, spastic quadriplegia, cerebral palsy, and anxiety disorder. R9's MDS assessment, dated 2/7/25, had a BIMS score of 15 out of 15 which indicated R9 was not cognitively impaired. R9 was responsible for R9's healthcare decisions.</p> <p>1. On 3/31/25 at 10:41 AM, Surveyor observed Licensed Practical Nurse (LPN)-G prepare and administer medication for R18. R18 had physician orders for buspirone 7.5 milligrams (mg), pantoprazole 40 mg, zinc 50 micrograms (mcg), amlodipine 7.5 mg, aripiprazole 17 mg, furosemide 40 mg, spironolactone 50 mg, Xifaxan 550 mg, losartan 50 mg, carvedilol 6.25 mg, aspirin 81 mg, calcium carbonate 500 mg, lactulose 30 cubic centimeters (cc), and azelastine 0.1% to be administered at 9:00 AM.</p> <p>On 3/31/25 at 10:50 AM and 11:37 AM, Surveyor observed LPN-E administer medication. LPN-E indicated LPN-E was an agency nurse and Surveyor should not observe medication administration. LPN-E discontinued medication administration each time Surveyor attempted to observe.</p> <p>On 3/31/25 at 11:38 AM, Surveyor observed Licensed Practical Nurse (LPN)-C take LPN-E's medication cart and resume medication pass. LPN-E and LPN-C completed controlled substance medication counts and noted R21's tramadol 25 mg, R24's clobazam 10 mg, and R25's lacosamide 200 mg were not documented as administered by LPN-E. LPN-E indicated LPN-E forgot to sign the controlled substance logs after LPN-E administered the medications. LPN-C then completed medication administration for R14, R15, R16, and R17.</p> <p>On 3/31/25 1:48 PM, Surveyor interviewed LPN-C who verified R18, R14, and R17's medications were administered late. LPN-C indicated the facility's policy is to administer medication within one hour before or after the prescribed time.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. On 3/31/25 at 11:38 AM, Surveyor observed the controlled substance medication count between LPN-E and LPN-C and noted R21's tramadol 25 mg medication card in the controlled substance drawer was not signed. R21 had a physician order for tramadol 50 mg dated 3/19/25. Surveyor noted LPN-E provided 25 mg versus the ordered dose of 50 mg.</p> <p>On 3/31/25 at 1:48 PM, Surveyor interviewed LPN-C who verified R21 had an order for tramadol 50 mg, however, LPN-E had provided 25 mg.</p> <p>3. On 3/31/25 at 1:48 PM, Surveyor interviewed LPN-C who indicated LPN-C could not administer the following medications due to the time:</p> <p>~R14's bumetanide and carvedilol which were scheduled for 9:00 AM</p> <p>~R15's Abilify, amlodipine, atorvastatin, lisinopril, sertraline, and hydralazine which were scheduled for 9:00 AM</p> <p>~R16's hydralazine and sodium chloride which were scheduled for 9:00 AM</p> <p>~R17's Lantus and Humalog which were scheduled for 7:00 AM</p> <p>LPN-C indicated the physician was notified that the medications were not administered.</p> <p>On 4/1/25 at 11:38 AM, Surveyor interviewed Director of Nursing (DON)-B who verified R18, R14, and R17's medications were administered late and an incorrect dose was administered to R21. DON-B also verified medications were missed for R14, R15, R16, and R17. DON-B indicated DON-B expects staff to administer medication as prescribed and in the dosage prescribed.</p> <p>50467</p> <p>4. On 3/31/25 at 2:13 PM, Surveyor reviewed R9's medical record which contained the following physician orders:</p> <p>~ Levothyroxine sodium 75 micrograms (mcg) once daily (scheduled at 6:00 AM)</p> <p>~ Spironolactone 25 milligrams (mg) two times daily (scheduled at 8:00 AM and 5:00 PM)</p> <p>~ Omeprazole 40 mg daily (scheduled at 9:00 AM)</p> <p>~ Baclofen 20 mg three times daily (scheduled at 9:00 AM, 1:00 PM, and 5:00 PM) from 2/7/25 to 2/11/25. On 2/9/25, the 9:00 AM and 1:00 PM doses were changed to 7:00 AM and 11:00 AM. On 2/14/25, the 7:00 AM dose was changed to 6:00 AM.</p> <p>~ Baclofen 20 mg (scheduled at 3:00 PM) from 2/9/25 to 2/12/25</p> <p>~ Bupropion 150 mg (scheduled at 7:00 PM) from 2/7/25 to 2/12/25</p> <p>~ Bupropion 150 mg (scheduled from 7:00 AM-10:00 AM) started on 2/13/25</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>~ Lidocaine 4% patch apply to neck in the AM (scheduled from 7:00 AM-10:00 AM)</p> <p>~ Triamcinolone acetone external cream 0.1% two times daily (scheduled at 9:00 AM and 6:00 PM)</p> <p>~ Baclofen 30 mg once daily (scheduled at 11:00 PM) started on 2/14/25</p> <p>On 4/1/25, Surveyor reviewed a Medication (Administration) Audit Report for R9 from 2/7/25 through 3/7/25 which indicated the following:</p> <p>~ Four of twenty eight 6:00 AM levothyroxine doses were administered late on 2/7/25, 2/10/25, 2/14/25, and 2/21/25.</p> <p>~ Thirteen of twenty eight 8:00 AM spironolactone doses were administered late on 2/7/25, 2/9/25, 2/10/25, 2/14/25, 2/15/25, 2/16/25, 2/17/25, 2/19/25, 2/22/25, 2/25/25, 3/2/25, 3/6/25, and 3/7/25.</p> <p>~ Five of twenty eight 9:00 AM omeprazole doses were administered late on 2/7/25, 2/15/25, 2/16/25, 2/26/25, and 3/6/25.</p> <p>~ One of three 9:00 AM baclofen doses was administered late on 2/7/25.</p> <p>~ Five of five 7:00 AM baclofen doses were administered late on 2/9/25, 2/10/25, 2/11/25, 2/12/25, and 2/13/25.</p> <p>~ Two of twenty two 6:00 AM baclofen doses were administered late on 2/14/25 and 2/21/25.</p> <p>~ Twenty three of twenty eight 11:00 AM baclofen doses were administered late on 2/9/25, 2/10/25, 2/11/25, 2/14/25, 2/15/25, 2/17/25, 2/18/25, 2/19/25, 2/20/25, 2/21/25, 2/22/25, 2/23/25, 2/24/25, 2/25/25, 2/26/25, 2/27/25, 2/28/25, 3/2/25, 3/3/25, 3/4/25, 3/5/25, 3/6/25, and 3/7/25.</p> <p>~ Two of twenty three 7:00 AM bupropion doses were administered late on 2/15/25 and 2/16/25.</p> <p>~ Five of twenty three lidocaine patches scheduled for 7:00 AM-10:00 AM were administered late on 2/13/25, 2/15/25, 2/16/25, 2/18/25, and 3/2/25.</p> <p>~ Fifteen of twenty eight 9:00 AM triamcinolone acetone doses were administered late on 2/7/25, 2/10/25, 2/11/25, 2/12/25, 2/13/25, 2/14/25, 2/15/25, 2/16/25, 2/18/25, 2/19/25, 2/21/25, 2/22/25, 2/25/25, 2/26/25, and 2/27/25.</p> <p>~ Four of four 3:00 PM baclofen doses were administered late on 2/9/25, 2/10/25, 2/11/25, and 2/12/25.</p> <p>~ Nineteen of twenty eight 5:00 PM baclofen doses were administered late on 2/9/25, 2/10/25, 2/11/25, 2/12/25, 2/13/25, 2/14/25, 2/15/25, 2/16/25, 2/17/25, 2/21/25, 2/22/25, 2/23/25, 2/24/25, 2/26/25, 2/28/25, 3/3/25, 3/4/25, 3/5/25, and 3/7/25.</p> <p>~ Seventeen of twenty eight 5:00 PM spironolactone doses were administered late on 2/11/25, 2/12/25, 2/13/25, 2/14/25, 2/15/25, 2/16/25, 2/17/25, 2/21/25, 2/22/25, 2/23/25, 2/24/25, 2/26/25, 2/28/25, 3/3/25, 3/4/25, 3/5/25, and 3/7/25.</p> <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>~ Sixteen of twenty eight 6:00 PM triamcinolone acetone doses were administered late on 2/9/25, 2/10/25, 2/12/25, 2/16/25, 2/20/25, 2/21/25, 2/23/25, 2/24/25, 2/25/25, 2/26/25, 2/28/25, 3/3/25, 3/4/25, 3/5/25, 3/6/25, and 3/7/25.</p> <p>~ Two of six 5:00 PM bupropion doses were administered late on 2/11/25 and 2/12/25.</p> <p>~ Eighteen of twenty one 11:00 PM baclofen doses were administered late on 2/14/25, 2/15/25, 2/16/25, 2/17/25, 2/19/25, 2/20/25, 2/21/25, 2/22/25, 2/23/25, 2/24/25, 2/25/25, 2/27/25, 2/28/25, 3/2/25, 3/3/25, 3/4/25, 3/5/25, and 3/6/25.</p> <p>In addition to the above late medications, Surveyor noted the following medications were not administered:</p> <p>~ R9's 6:00 PM triamcinolone acetone dose was not administered on 2/14/25, 2/15/25, 2/18/25, and 3/2/25.</p> <p>~ R9's 6:00 AM levothyroxine dose was not administered on 3/3/25.</p> <p>~ R9's 6:00 AM baclofen dose was not administered on 3/3/25.</p> <p>Surveyor reviewed R9's baclofen dose times frames and noted on eighteen of twenty eight days (2/7/25, 2/8/25, 2/9/25, 2/10/25, 2/12/25, 2/13/25, 2/14/25, 2/15/25, 2/17/25, 2/18/25, 2/20/25, 2/24/25, 2/26/25, 2/27/25, 2/28/25, 3/3/25, 3/5/25, and 3/6/25), R9's baclofen administration did not allow the intended four hours between doses.</p> <p>On 4/1/25 at 9:26 AM, Surveyor interviewed DON-B who confirmed if medications are ordered for AM, Noon, PM, or HS (bedtime), the medications should be administrated in the time frame they are ordered. DON-B indicated if a medication is scheduled for a specific time, the medication can be administered one hour before or after the time indicated. DON-B also indicated there should be a six to eight hour window between some medications.</p> <p>On 4/1/25 at 9:41 AM, Surveyor interviewed Pharmacist (PH)-O who indicated there should be four to eight hours between the same medication doses which is a standard of practice in healthcare. PH-O confirmed R9's baclofen doses were timed and spaced accordingly since R9 received multiple doses of baclofen per day.</p>		

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NAME OF PROVIDER OR SUPPLIER Bradley Estates Nursing and Rehab LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 6735 W Bradley Rd Milwaukee, WI 53223	
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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>49563</p> <p>Based on observation, staff interview, and record review, the facility did not ensure drugs and biologicals were stored in accordance with the facility's policy. This practice had the potential to affect more than 4 of the 147 residents residing in the facility.</p> <p>The 100 wing medication cart was unlocked and unattended on 3/31/25.</p> <p>Medication stored in an unlabeled and uncovered medication cup was administered to R23 on 4/1/25.</p> <p>Findings include:</p> <p>The facility's Storage of Medications policy, dated 4/2007, indicates: .1. Drugs and biologicals shall be stored in the packaging, containers, or other dispensing system in which they are received. Only the issuing pharmacy is authorized to transfer medications between containers .7. Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing drugs and biologicals shall be locked when not in use and trays or carts used to transport such items shall not be left unattended if open or otherwise potentially available to others .</p> <p>On 3/31/25 at 10:46 AM, Surveyor observed Licensed Practical Nurse (LPN)-D leave a medication cart unattended and unlocked on the 100 wing with the medication cart drawers facing the hallway. Surveyor observed two residents self-propel wheelchairs past the unlocked medication cart.</p> <p>On 3/31/25 at 10:46 AM, Surveyor interviewed LPN-D who verified the medication cart should not be left unlocked and unattended. LPN-D indicated LPN-D usually locks the cart but forgot.</p> <p>On 4/1/25 at 8:20 AM, Surveyor observed LPN-F prepare and administer medication. LPN-F removed a yellow pill from an unlabeled and uncovered medication cup in the top drawer of the medication cart that contained several pills. LPN-F added the pill to R23's medication cup and administered the medication to R23.</p> <p>On 4/1/25 at 8:20 AM, Surveyor interviewed LPN-F who indicated the yellow pill removed from the unlabeled and uncovered medication cup was enteric-coated aspirin 81 milligrams (mg). LPN-F indicated LPN-F's medication cart did not have enteric-coated aspirin so LPN-F obtained a medication cup full of enteric-coated aspirin from another cart.</p> <p>On 3/31/25 1:48 PM, Surveyor interviewed LPN-C who verified the medication cart was left unlocked and unattended and medication was stored in an unlabeled and uncovered medication cup. LPN-C indicated staff should lock the medication cart if they leave the cart unattended and all medications should be stored in the original packaging from the dispensing pharmacy.</p> <p>On 4/1/25 at 11:38 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated medications carts should be locked when unattended and all medications should be stored in the original packaging dispensed by the pharmacy.</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>43361</p> <p>Based on staff interview and record review, the facility did not designate a person to serve as the food and nutrition services director who was a certified Dietary Manager, had a national certification for food service management and safety from a national accrediting body, or had an associates or higher level degree in food service management or hospitality. This had the potential to affect all 147 residents residing in the facility.</p> <p>Dietary Manager (DM)-I did not complete and was not enrolled in an approved dietary manager or food service manager certification course or other related education.</p> <p>Findings include:</p> <p>On 3/31/25 at 1:30 PM, Surveyor interviewed DM-I who indicated DM-I had worked at the facility for a little over a year and had completed ServSafe Managers training. DM-I indicated DM-I was not yet enrolled in an approved Dietary Manager course but was thinking about taking the Certified Dietary Manager (CDM) training. DM-I indicated DM-I had recently hired an Assistant Dietary Manager who had a State Food Safety Food Manager Certification.</p> <p>On 4/1/25 at 11:00 AM, Surveyor emailed information to Director of Nursing (DON)-B to share with Nursing Home Administrator (NHA)-A regarding approved Dietary Manager certification programs. The requirement was referred to in a previous conversation with NHA-A and DON-B. Surveyor confirmed that DON-B received the information.</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43361</p> <p>Based on observation staff interview, and record review, the facility did not follow the menu for residents who ate in the dining room or follow serving sizes for residents who ate in their rooms. This practice had the potential to affect more than 4 of the 147 residents residing in the facility.</p> <p>On [DATE], residents who ate in the dining room were not served cut potatoes that were on the lunch menu.</p> <p>On [DATE], residents who ate in their rooms on the first floor were not served the correct amount of potatoes.</p> <p>Findings include:</p> <p>The facility's Meal Distribution policy, dated [DATE], indicates: 1. All meals are assembled in accordance with the individualized diet order, plan of care, and preferences.</p> <p>On [DATE], Surveyor observed the lunch menu posted in the dining room. The menu contained herb roasted pork loin, candied sweet potatoes, buttered cabbage, apple cobbler, and a beverage.</p> <p>On [DATE], the facility provided the production sheet for the lunch menu. The menu indicated residents should receive 4 ounces of candied sweet potatoes.</p> <p>On [DATE] at 12:01 PM, Surveyor observed Dietary Aide (DA)-J serve lunch in the dining room. There were approximately fifteen residents in the dining room. Surveyor observed DA-J serve the residents pork with peppers and onions and mashed potatoes. When Surveyor asked about the cabbage, DA-J indicated there was cut cabbage mixed with the peppers and onions.</p> <p>On [DATE] at 12:18 PM, Surveyor observed [NAME] (CK)-L prepare lunch in the kitchen for residents who ate in their rooms on the first floor. Surveyor observed staff serve pork loin with peppers and onions and a cut potato medley that included sweet potatoes. Surveyor observed CK-L use a 2 ounce scoop for the cut potatoes. Surveyor observed CK-L put one scoop of potatoes on five plates. Surveyor interviewed CK-L who indicated residents should receive 4 ounces of potatoes. CK-L confirmed residents should receive two scoops from a two ounce scoop. Surveyor then observed staff bring CK-L a four ounce scoop to serve potatoes.</p> <p>On [DATE] at 12:35 PM, Surveyor interviewed DA-J who indicated DA-J did not have cut potatoes to serve to residents in the dining room and was not sure why.</p> <p>On [DATE] at 1:30 PM, Surveyor interviewed Dietary Manager (DM)-I who indicated cut potatoes should have been served to residents in the dining room. DM-I also indicated staff should follow the menu and should have used a 4 ounce scoop for potatoes.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>43361</p> <p>Based on observation, staff interview, and record review, the facility did not ensure food was stored and prepared in a safe and sanitary manner. This practice had the potential to affect more than 4 of the 147 residents residing in the facility.</p> <p>Dietary Aide (DA)-K did not follow hand hygiene and hairnet requirements while plating food on the second floor.</p> <p>Appropriate scoop sizes were not followed for residents residing on the first floor.</p> <p>Scoops were observed inside ice bin coolers on the first floor.</p> <p>Findings include:</p> <p>On 3/31/25 at 2:30 PM, Surveyor interviewed Dietary Manager (DM)-I who indicated the facility follows the State of Wisconsin Food Code.</p> <p>Hand Hygiene:</p> <p>The Wisconsin Food Code at Chapter 2 Personal Cleanliness 2-301.14 When to Wash indicates: Food employees shall clean their hands and exposed portions of their arms as specified under 2-301.12 immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and: (A) After touching bare human body parts other than clean hands and clean, exposed portions of arms; (E) After handling soiled equipment or utensils; (F) During food preparation as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks; (G) When switching between working with raw food and working with ready-to-eat food; (H) Before putting on gloves to initiate a task that involves working with food; and After engaging in other activities that contaminate the hands.</p> <p>On 3/31/25 at 12:20 PM, Surveyor observed DA-K plate resident food on the second floor. With gloved hands, DA-K touched the table and countertops and touched ready-to-eat food on residents' plates. Surveyor did not observe DA-K change gloves or complete hand hygiene. DA-K touched the top of the counter, touched meal tickets, and removed dishes from the steamer and put them back in the cart. Without changing gloves, DA-K prepared more residents' plates and touched items on the plates with a gloved hand.</p> <p>On 3/31/25 at 12:26 PM, Surveyor observed DA-K change gloves. DA-K did not complete hand hygiene between glove changes.</p> <p>On 3/31/25 at 12:27 PM, Surveyor observed DA-K pick up a ready-to-eat sandwich with a gloved hand, put the sandwich on a plate, and continue to serve food.</p> <p>On 3/31/25 at 1:30 PM, Surveyor interviewed DM-I who confirmed DA-K should have completed hand hygiene during meal service.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Hair Restraints:</p> <p>The Wisconsin Food Code at 2-402.11 indicates: Food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair that are designed and worn to effectively keep their hair from contacting exposed food, clean equipment, utensils, linens, and unwrapped single-service and single-use articles.</p> <p>The facility's Quick Resource Tool: Cleaning and Sanitizing and Proper Hair Restraints policy, dated 9/1/21, indicates: .6. Employees must wear a hair restraint when in food preparation areas.</p> <p>On 3/31/25 at 12:20 PM, Surveyor observed DA-K plate food for residents on the second floor. DA-K wore a hair restraint, however, DA-K's hair was not contained in the hair restraint. The top of DA-K's hair was covered but an unrestrained portion of hair hung down DA-K's back.</p> <p>On 3/31/25 at 12:32 PM, Surveyor interviewed DA-K who indicated all of DA-K's hair should be in the hair restraint, however, DA-K's hair was too long.</p> <p>On 3/31/25 at 1:30 PM, Surveyor interviewed DM-I who confirmed DA-K's hair should be covered by a hair restraint.</p> <p>Ice Scoops:</p> <p>The Wisconsin State Food Code at 3-304.12 In-use utensils, between-use storage indicates: (E) In a clean, protected location if the utensils, such as scoops, are used only with a food that is not time/temperature control for safety food.</p> <p>On 3/31/25 at 11:34 AM, Surveyor observed the ice cooler on the 200 wing and observed a scoop on top of the ice.</p> <p>On 3/31/25 at 11:55 AM, Surveyor observed two coolers labeled 400 outside the first floor dining room. Both coolers had melted ice/water in the bottom and a plastic scoop inside.</p> <p>On 3/31/25 at 1:03 PM, Surveyor observed a cooler on the 300 wing in the storage area. The cooler contained fresh ice and a clear plastic scoop on top of the ice.</p> <p>On 3/31/25 at 1:30 PM, Surveyor interviewed DM-I who indicated the scoops should not have been left in the ice coolers. DM-I indicated kitchen staff clean the coolers daily and send the scoops to the units in plastic bags. DM-I indicated nursing staff use the ice and most likely leave the scoops in the coolers.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49563</p> <p>Based on observation, staff interview, and record review, the facility did not maintain an infection prevention and control program designed to help prevent the development and transmission of communicable disease and infection for 2 residents (R) (R22 and R23) of 3 residents observed during medication administration.</p> <p>On 4/1/25, staff did not complete hand hygiene during medication preparation and administration for R22 and R23.</p> <p>Findings include:</p> <p>The facility's Handwashing/Hand Hygiene policy, dated August 2014, indicates: This facility considers hand hygiene the primary means to prevent the spread of infections .7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: .c. Before preparing or handling medications .</p> <p>On 4/1/25 at 8:10 AM, Surveyor observed Licensed Practical Nurse (LPN)-F prepare medication for R22. Surveyor noted LPN-F did not complete hand hygiene prior to preparing and administering medication to R22.</p> <p>On 4/1/25 at 8:20 AM, Surveyor observed LPN-F prepare medication for R23. Surveyor noted LPN-F did not complete hand hygiene prior to preparing and administering medication to R23.</p> <p>On 4/1/25 at 8:23 AM, Surveyor interviewed LPN-F who indicated hand hygiene should be completed before preparing and administering medication. LPN-F verified LPN-F did not complete hand hygiene but should have.</p> <p>On 4/1/25 at 11:38 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated DON-B expects staff to complete hand hygiene prior to preparing and administering medication to residents.</p>