STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525325	A. Building B. Wing	07/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bradley Estates Nursing and Rehab LLC	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation and interview, the facility did not provide a safe, clean, comfortable, and homelike environment for 4 (R2, R4, R5 and R6) of 6 residents reviewed for environment.Findings include:On 7/11/25, at 9:45 AM, R2 and R5's room was observed. The window was observed to have a rolling window shade crooked and held up with 2 plastic hangers exposing half the window. The north wall, opposite the beds, had large patches of paint missing with one area being approximately 8 feet long by 6 inches. On 7/11/25, at 9:45 AM, Surveyor observed the bathroom shared by R2, R4, R5, and R6. A linen cart filled to the top, uncovered and a very strong smell of feces was present. There was also another linen cart and a large garbage can.On 07/11/2025, at 10:59 AM, Surveyor observed R2's wheelchair to have dried, crusty food particles and other unknown brown and crusty matter, on the seat, between the cushion, on the arm rests, by the lock handle and noted the left arm rest to be missing parts of the cushion beginning to expose the metal underneath. Surveyor asked Assistant Director of Nursing (ADON)-G if the cleanliness of R2's wheelchair was acceptable to ADON-G. ADON-G indicated R2's wheelchair needs to be sent down to be cleaned and sanitized and ADON-G would be making those arrangements as soon as possible.On 7/11/25, at 12:42 PM, Licensed Practical Nurse (LPN)-D accompanied the Surveyor to the bathroom of R2, R4, R5 and R6 and a linen cart and a large rolling garbage can were in the bathroom with a very foul odor. LPN-D indicated they are kept in there so the Certified Nursing Assistants (CNAs) can have easy access to the bins. LPN-D indicated the bins are used for all residents' linens and garbage. LPN-D then moved the 2 bins to the dirty linen room.On 7/11/25, at 12:50 PM, Acting Nursing Home Administrator-B was in R2's and R5's room with the Surveyor and indicated the rolling shade needs to be fixed, and hangers used to keep it up are not acceptable. Acting Nursing Home Administrator-B was shown the missing paint and indicated he was aware some painting needed to be done, and he was working on it. Acting Nursing Home Administrator-B was then told about R2, R4, R5 and R6's bathroom having several shared, rolling linen and garbage containers in their shared bathroom with the strong smell of feces present. Acting Nursing Home Administrator-B indicated that is not where the containers should be stored, and it could be an infection issue. The above findings were shared with Nursing Home Administrator-A, Acting Nursing Home Administrator-B and Director of Nurses-C on 7/11/25. Additional information was requested if available. None was provided as to why the proper storage of shared linen and garbage bins and maintenance hadn't been completed.

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
	525325	A. Building B. Wing	07/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bradley Estates Nursing and Rehab LLC	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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525325	A. Building B. Wing	07/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bradley Estates Nursing and Rehab LLC	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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review the facility did not ensure all alleged violations of misappropriation were thoroughly investigated for 1 (R1) of 1 residents reviewed.Findings include:R1 admitted to the facility on [DATE]. Diagnoses include Diabetes Mellitus Type 2, Atherosclerosis, morbid obesity, Congestive Heart Failure, lymphedema, Chronic Obstructive Pulmonary Disease, encephalopathy, femur fracture, Hypertension and Paraplegia.The facility policy titled Abuse, Neglect and Exploitation dated 1/5/24, documents (in part) . It is the policy of this 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. A. An immediate investigation is warranted when allegation or suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur.B. Written procedures for investigations include:1. Identifying staff responsible for the investigation.3. Investigating different types of alleged violations.4. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegation(s).6. Providing complete and thorough documentation of the investigation.On 7/11/25, at 9:35 AM, Surveyor spoke with R1 and asked about the allegation of missing money. R1 reported she usually trusts the aides and nurses, and she has kept her purse on her bed for the last 2 years without any problem. R1 reported she understands anyone can come into her room, but if you're not my aide you got no business in here. R1 told Surveyor it was a Saturday, and she had $20.00 in her coin purse to give to her sister to buy cigarettes. She left her room to attend an activity and returned around suppertime approximately 5:00 PM. When she returned to her room the $20.00 was missing from her purple coin purse and her wallet was missing. R1 advised Surveyor she thought the money was stolen from an agency nurse she only saw that day and has not seen since. The police were notified and spoke with the resident. R1 reported the nurse (named) said she found the wallet in the drawer at the nurse's station and returned it to R1. R1 reported nothing was missing from the wallet, however she never got back the $20.00 that was missing from her coin purse. R1 reported she does not keep a lot of money in her purse; she uses the safe in her closet for larger amounts and her credit cards.Facility progress notes dated 6/7/25, at 8:39 PM, document: Risk/benefits reviewed regarding using facility provided lock box, personal lock box, resident trust or send valuables home with family. (R1) continues to exercise her right to self-determination in declining. The care team continues to encourage her to lock up any valuables, so items don't get lost. (R1) states understanding. Surveyor asked for and was provided the facility self-report investigation which contained the following: A typed interview (which was not dated) of R1, obtained by a Licensed Practical Nurse that documented R1 stated her wallet was missing, and a $20 bill was taken out of her coin purse. Resident stated her purse was on her bed and the last time she seen (sic) her wallet and the $20 was around 2:30-3:00 PM on 6/7/25. The room was searched but the missing items were not found. The police were notified. Other residents on the unit were interviewed, none reported concern with missing items. Surveyor noted there were no staff interviews included in the investigation provided and asked Nursing Home Administrator (NHA)-A if any staff were interviewed. NHA-A left the room and returned a short time later with 2 staff statements she reported were found in a folder. Surveyor asked why there was only 2 staff statements. NHA-A stated, I don't know - that was before I was here. Surveyor noted neither statement was dated, and 1 of the statements was signed with initials which Surveyor was unable to match to any staff member on the staffing list provided. Surveyor reviewed the facility schedule for 6/7/25. On the 200 unit (which R1 resides) scheduled were 1 nurse, and 3 Certified Nursing Assistants (CNA's) on the day shift. The same nurse and 1 CNA also worked PM shift with 2 other CNAs. Surveyor noted the nurse assigned on days and PM shift was the (named) nurse R1 reported to Surveyor that found her wallet and returned it to her.Surveyor noted of the 6 staff members working on R2's unit on the date and time R1 reported her missing wallet and money, only 1 staff member was interviewed.On 7/11/25, at 11:35 AM, Surveyor advised Director of Nursing (DON)-C of R1's statement that (named) nurse found her wallet in the nurse's station drawer and returned it to her. Surveyor asked if the nurse was interviewed. DON-C stated, I don't know. Surveyor showed DON-C the statement of the staff member signed with initials and asked who it was. DON-C stated she did not know. DON-C reported she would look to see if there were any other staff statements. No other staff statements were provided to Surveyor.On 7/11/25 at approximately 3:00 PM, during the daily exit meeting, Surveyor advised the facility of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525325	A. Building B. Wing	07/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bradley Estates Nursing and Rehab LLC	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)
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. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525325	A. Building B. Wing	07/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bradley Estates Nursing and Rehab LLC	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure each resident received adequate supervision and assistive devices to prevent accidents for 1 (R2) of 2 residents reviewed for falls.*R2 was observed not wearing non-slip footwear during a transfer from R2's wheelchair into R2's bed. *R2 was observed to not have a scoop mattress which was documented on R2's care plan as a fall prevention intervention.*R2's Certified Nursing Assistant informed Surveyor R2 requires the assist of 2 staff and a stand pivot transfer using a gait belt and was transferred the morning of 07/11/2025 using this technique. R2's care plan documents R2 requires the use of a sit to stand device for transfers. Findings include:The Facility's Policy titled Sit to Stand Mechanical Lift Equipment and Guideline, with no revised date, documents, . Make sure the person has nonskid shoes on . R2 was admitted to the facility on [DATE] with diagnoses which include Dementia (the loss of cognitive function, including memory, thinking, and reasoning, that interferes with daily life).R2's Annual Minimum Data Set (MDS), dated [DATE], documents R2 has a Brief Interview for Mental Status score of 00, indicating R2 has severe cognitive impairment, and is dependent on staff for transfers. R2's document titled Care Plan Report, documents R2 has a focus area for Activities of Daily Living (ADL) self-care performance deficit with an intervention of Transfers: Sit to Stand with an initiated date of 8/01/2024. On 07/11/2025, at 09:35 AM, Surveyor interviewed Certified Nursing Assistant (CNA)-F. CNA-F indicated CNA-F got R2 out of bed this morning. Surveyor asked CNA-F how R2 transfers, CNA-F informed Surveyor R2 is an assist of two with a gait belt for transfers. Surveyor asked CNA-F if R2 uses a mechanical lift for transfers and CNA-F indicated no.Surveyor notes CNA-F was assigned to care for R2 on 7/11/25. On 07/11/2025, at 09:55 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-D, who was assigned to care for R2 on this day. LPN-D indicated R2 transfers using a mechanical sit to stand lift. On 07/11/2025, at 10:51 AM, Surveyor observed CNA-F and Assistant Director of Nursing (ADON)-G transfer R2 from R2's wheelchair into R2's bed using a mechanical sit to stand lift. Surveyor asked CNA-F if R2 always uses the sit to stand lift. CNA-F informed Surveyor that it depends on R2's behaviors if R2 uses the mechanical sit to stand lift versus assist of 2 with a gait belt. Surveyor observed R2 to be wearing black socks during the transfer. Surveyor asked ADON-G if R2 has on the appropriate footwear to perform a transfer. ADON-G informed Surveyor R2 does not have gripper socks or shoes on and indicated R2 did not have the appropriate nonskid footwear on during the transfer. Surveyor observed R2 to have a regular mattress on R2's bed. Surveyor asked CNA-F and ADON-G where information regarding R2's transfer status and fall prevention interventions could be found. CNA-F indicated R2's Kardex has that information and is hanging in R2's closet on the inside door. ADON-G located R2's Kardex and informed Surveyor R2 requires the use of a sit to stand with transfers and should have a scoop mattress to prevent falls.On 07/11/2025, at 12:19 PM, Surveyor interviewed Director of Nursing (DON)-C regarding R2's transfer status and fall precautions. DON-C indicated R2 requires a sit to stand mechanical lift for transfers but was upgraded today to an assist of 2 using a gait belt. Surveyor asked DON-C if nursing staff can upgrade a resident's transfer status or if therapy would need to be involved. DON-C indicated staff cannot upgrade a resident's transfer status without therapy. DON-C indicated DON-C could not find any therapy notes or evaluation for R2 in R2's electronic health record. Surveyor asked DON-C what type of footwear would be appropriate during a transfer using a mechanical sit to stand lift. DON-C indicated proper footwear would be nonskid, and regular socks are not appropriate. DON-C informed Surveyor DON-C has been made aware R2 does not have a scoop mattress on R2's bed and is working on getting R2 a scoop mattress at this time.On 07/11/2025, at 01:05 PM, Surveyor informed Nursing Home Administrator (NHA)-A and Interim NHA-B of the above concerns. Interim NHA-B indicated therapy should be evaluating residents for transfer status and should be involved with the whole interdisciplinary team to make decisions regarding changes in transfer status.No further information was provided at time of write up.