

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>525325                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                              | (X3) DATE SURVEY<br>COMPLETED<br><br>07/09/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Bradley Estates Nursing and Rehab LLC                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>6735 W Bradley Rd<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                 |
| F 0600<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <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**</b> Based on observations, record reviews, and interviews, the facility failed to protect the resident's right to be free from physical abuse by a staff member for one of three residents (Resident (R) 2) reviewed for abuse in a total sample of 11. R2 was the subject of physical abuse when Certified Nurse Aide (CNA) 5 poured coffee on R2. This had the potential to cause physical as well as psychological harm to the residents CNA5 provided care for.</p> <p>Findings include:</p> <p>Review of R2's undated admission Record, located under the Profile tab of the electronic medical record (EMR) revealed that R2 was admitted to the facility on [DATE] with a diagnosis of unspecified dementia.</p> <p>Review of R2's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 04/27/26 revealed a Brief Interview for Mental Status (BIMS) of three out of 15 indicating a severe cognitive impairment.</p> <p>During an interview on 07/08/26 at 7:13 AM, CNA4 stated the accused CNA5 was playing around with R2 tapping the resident on the arm. CNA4 stated that R2 poured a glass of juice on CNA5. Then CNA5 then grabbed a coffee container and stated she was going to stoop down to the residents' level and proceeded to pour the old coffee on R2's shirt sleeve. CNA4 stated that CNA5 did not pour coffee on R2's head.</p> <p>During an interview on 07/08/26 at 7:18 AM, CNA5 stated that R2 and she were sitting in the common area playing around when R2 threw her drink in CNA5's face. CNA5 stated that she grabbed the coffee and poured it on R2's shirt sleeve. CNA5 stated there was another CNA who reported her. CNA5 stated that no one else was present in the room but CNA4 claimed she witnessed the event. CNA5 stated that she was made to leave the facility right then and does not understand why because her and R2 were just playing around.</p> <p>During an interview on 07/08/26 at 8:00 AM, the Director of Nursing (DON) stated that she contacted R2's family to inform them of the incident. The DON stated that she had CNA5 immediately removed from the building. The DON stated that she was told that R2 threw a glass of juice on CNA5 and then CNA5 poured some old coffee on R2's shoulder. The DON stated that the coffee was left from earlier (continued on next page)</p> |                                                                                       |                                                 |

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

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE                   | (X6) DATE                                                              |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                      | Event ID:<br><br>525325 | Facility ID:<br><br>525325<br><br>If continuation sheet<br>Page 1 of 2 |

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| <p>F 0600</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>in the day and was not hot. The DON stated that R2 could not remember the event. The DON stated that R2 could not be interviewed due to her cognitive impairment. The DON stated that the facility completed skin checks on R2 to ensure there were no injuries.</p> <p>Review of the facility-reported incident revealed that the facility was still completing the investigation and that the proper steps have been taken to protect the residents from further abuse from CNA5. There was not a police report available at the time of the investigation.</p> <p>During an interview on 07/08/26 at 9:25 AM, the Administrator stated that the incident did happen with CNA5 and R2. The Administrator stated that the facility was still in the process of the five-day investigation for the stated agency.</p> <p>Review of the facility's policy titled, Abuse, Neglect and Exploitation, revised 02/2026, revealed 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. The facility will make efforts to ensure all residents are protected from physical and psychosocial harm, as well as additional abuse, during and after the investigation.</p> |                                                                                       |                                                 |