| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525325 | A. Building<br>B. Wing | 09/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bradley Estates Nursing and Rehab LLC | 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0605<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not monitor psychotropic medication use for 4 residents (R) (R3, R5, R94, and R104) of 5 sampled residents.R3 was prescribed antipsychotic, antianxiety, and antidepressant medications. The facility did not monitor R3 for adverse reactions to the medications. R5 was prescribed antipsychotic and antidepressant medications. The facility did not monitor R5 for adverse reactions to the medications.R94 was prescribed antipsychotic, antianxiety, and antidepressant medications. The facility did not monitor R94 for adverse reactions to the medications.R104 was prescribed antipsychotic and antidepressant medications. The facility did not monitor R104 for adverse reactions to the medications.Findings include:The facility's Psychotropic Medication Management policy, dated 11/28/17, indicates: Residents prescribed psychoactive medications will receive adequate monitoring .16) Appropriate monitoring for mood/behavior/sleep, along with monitoring for side effects and medication efficacy, will be reviewed and/or initiated .18) Care plan will be initiated or revised to reflect pharmacological and individualized non-pharmacological interventions along with monitoring for efficacy. Care plan will also include monitoring for drug specific side effects such as: gait disorders, movement disorders, cognitive or behavioral changes, discomfort (constipation etc.), signs of hypotension, dry mouth, etc. 19) Resident and resident representative will be involved in the development of the care plan, to include conditions, risks, needs, behaviors, preferences, measurable goals, and individualized interventions .Adverse Consequence Procedure: 1. Residents on psychoactive medications are monitored daily for adverse consequences. 2. Side effects may include but are not limited to allergic reaction, sedation, acute onset of signs or symptoms or worsening of chronic disease, involuntary movements, behavioral distress, decline in function or cognition, addition or discontinuation of medications and/or non-pharmacological interventions, addition or discontinuation of care and services such as enteral feeding, significant change in diet that may affect absorption of medication .1. From 9/15/25 to 9/17/25, Surveyor reviewed R3's medical record. R3 was admitted to the facility on [DATE] and had diagnoses including major depressive disorder, insomnia, vascular dementia, anxiety disorder, and epilepsy. R3's Minimum Data Set (MDS) assessment, dated 7/24/25, had a Staff Interview for Mental Status that indicated R3 had severe cognitive impairment. R3's physician orders indicated R3 was prescribed the following medications:~ Risperidone (antipsychotic medication) 0.5 milligrams (mg) twice daily (BID) for dementia related agitation related to vascular dementia, dated 8/21/25. ~ Buspirone (antianxiety medication) 10 mg three times daily (TID) for major depressive disorder and anxiety disorder, dated 4/3/24. ~ Venlafaxine (antidepressant medication) 37.5 mg once daily for major depressive disorder and anxiety disorder, dated 4/17/25. ~ Trazadone (antidepressant medication) 50 mg once daily for anxiety, dated 6/5/24. R3's medical record did not include monitoring for adverse reactions to the psychotropic medications. On 9/17/25 at 12:49 PM, Surveyor interviewed Director of Nursing (DON)-B and Regional Nurse Consultant (RNC)-N. DON-B confirmed there was no adverse reaction monitoring in place for R3's psychotropic medications. RNC-N confirmed all psychotropic medications should have adverse reaction monitoring in place. 2. From<br>(continued on next page) |

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

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525325 | A. Building<br>B. Wing | 09/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bradley Estates Nursing and Rehab LLC | 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0605<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 9/15/25 to 9/17/25, Surveyor reviewed R5's medical record. R5 was admitted to the facility on [DATE] and had diagnoses including encephalopathy, adjustment disorder, major depressive disorder, anxiety disorder, dementia with mood disturbance, and alcohol abuse. R5's MDS assessment, dated 8/7/25, had a Staff Interview for Mental Status that indicated R5 had moderate cognitive impairment. R5's physician orders indicated R5 was prescribed the following medications:~ Quetiapine fumarate (antipsychotic medication) 25 mg via tube feeding at bedtime for anxiety disorder, dated 7/21/25.~ Sertraline (antidepressant medication) 50 mg via tube feeding once daily for adjustment disorder, dated 7/22/25.~ Mirtazapine (antidepressant medication) 15 mg, give half tablet via tube feeding at bedtime for anxiety disorder, dated 7/21/25. ~ Valproic acid (anticonvulsant medication) 250 mg, give 10 milliliters (ml) via tube feeding TID for seizures, dated 7/21/25. R5's medical record did not include adverse reaction monitoring for the psychotropic medications or a care plan for seizures.On 9/17/25 at 12:49 PM, Surveyor interviewed DON-B and RNC-N. DON-B confirmed there was no adverse reaction monitoring in place for R5's psychotropic medications. RNC-N confirmed all psychotropic medications should have adverse reaction monitoring in place. DON-B and RNC-N also confirmed R5 did not have a care plan for seizures. 3. From 9/15/25 to 9/17/25, Surveyor reviewed R94's medical record. R94 was admitted to the facility on [DATE] and had diagnoses including insomnia, major depressive disorder, and general anxiety disorder. R94's MDS assessment, dated 6/30/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R94 had intact cognition. R94's physician orders indicated R94 was prescribed the following medications:~ Abilify (antipsychotic medication) 2 mg, give 3 tablets by mouth in the morning for depression adjunct related to major depressive disorder, dated 6/19/25.~ Buspirone 15 mg TID for generalized anxiety disorder, dated 8/29/25.~ Trazodone 100 mg, give 2.5 tablets at bedtime for insomnia, depression, and anxiety related to insomnia, dated 8/12/25.~ Lexapro (antidepressant medication) 10 mg, give 2 tablets in the morning related to major depressive disorder and anxiety disorder, dated 6/19/25.~ Wellbutrin XL (antidepressant medication) 150 mg, give 2 tablets in the morning for major depressive disorder, dated 6/19/25. R94's medical record did not include adverse reaction monitoring for the psychotropic medications. On 9/17/25 at 12:49 PM, Surveyor interviewed DON-B and RNC-N. DON-B confirmed there was no adverse reaction monitoring in place for R94's psychotropic medications. RNC-N confirmed all psychotropic medications should have adverse reaction monitoring in place.4. From 9/15/25 to 9/17/25, Surveyor reviewed R104's medical record. R104 was admitted to the facility on [DATE] and had diagnoses including anxiety disorder, dementia, alcohol dependence, insomnia, and depression. R104's MDS assessment, dated 8/20/25, had a BIMS score of 11 out of 15 which indicated R104 had moderate cognitive impairment. R104's physician orders indicated R104 was prescribed the following medications:~ Risperidone 1 mg BID for dementia related agitation/behaviors, dated 9/16/25.~ Olanzapine (antipsychotic medication) 5 mg, give 1.5 tablets at bedtime for dementia related agitation/behaviors, dated 9/16/25.~ Trazodone 50 mg, give 1.5 tablets at bedtime for insomnia, dated 7/31/24.~ Mirtazapine 15 mg at bedtime for depression, dated 7/29/24. R104's medical record did not include adverse reaction monitoring for the psychotropic medications or a care plan for dementia.On 9/17/25 at 12:49 PM, Surveyor interviewed DON-B and RNC-N. DON-B confirmed there was no adverse reaction monitoring in place for R104's psychotropic medications. RNC-N confirmed all psychotropic medications should have adverse reaction monitoring in place. RNC-N also confirmed R104 did not have a dementia-specific care plan. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525325 | A. Building<br>B. Wing | 09/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bradley Estates Nursing and Rehab LLC | 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0641<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure each resident receives an accurate assessment.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not accurately code Minimum Data Set (MDS) 3.0 assessments for 4 residents (R) (R3, R5, R104, and R12) of 29 sampled residents.R3's Quarterly MDS assessment, dated 7/11/25, indicated R3 received hypnotic medication. R3 was not prescribed hypnotic medication. In addition, R3's Comprehensive MDS assessment, dated 10/8/24, indicated R3 did not have a serious mental illness. R3 had diagnoses including major depressive disorder and anxiety disorder.R5's Comprehensive MDS assessment, dated 7/28/25, did not indicate R5 received anticoagulant medication. R5 was prescribed anticoagulant medication.R104's Comprehensive MDS assessment, dated 8/5/25, indicated R104 did not have a serious mental illness. R104 had diagnoses including major depressive disorder and anxiety disorder. In addition, the MDS assessment indicated R104 received antianxiety medication. R104 was not prescribed antianxiety medication.R12's Comprehensive MDS assessment, dated 2/6/25, indicated R12 did not have a serious mental illness. R12 had diagnoses including anxiety, depression, and delusional disorder. Findings include<br><br>The facility's Expanded Assessment Guideline policy, dated 11/28/17, indicates: The facility promotes and supports systems for quality resident care. The purpose of this guideline is to provide a process for comprehensive assessment of residents in order to develop an individualized, person-centered care plan to meet the preferences and care needs of the residents .The accuracy of assessment means the appropriate, qualified health professional correctly documents the resident's medical, functional, and psychosocial problems and identifies resident strengths to maintain or improve medical status, functional abilities, and psychosocial status.<br><br>1.From 9/15/25 to 9/17/25, Surveyor reviewed R3's medical record. R3 was admitted to the facility on [DATE] and had diagnoses including major depressive disorder, insomnia, and anxiety disorder. R3's MDS assessment, dated 7/24/25, had a Staff Interview for Mental Status that indicated R3 had severe cognitive impairment. R3 had an activated Power of Attorney for Healthcare (POAHC) who was responsible for R3's healthcare decisions.<br><br>R3's Comprehensive MDS assessment, dated 10/8/24, indicated R3 did not have a serious mental illness.<br><br>R3's diagnoses list indicated R3 had a diagnoses of major depressive disorder, dated 3/9/23, and anxiety disorder, dated 3/9/23.<br><br>R3's Quarterly MDS assessment, dated 7/11/25, indicated R3 received hypnotic medication. R3's physician orders indicated R3 was not prescribed hypnotic medication.<br><br>On 9/17/25 at 1:03 PM, Surveyor interviewed MDS Coordinator (MDSC)-G who stated MDSC-G did not complete R3's Quarterly assessment which should not have indicated that R3 received hypnotic medication. MDSC-G indicated R3 was previously prescribed antianxiety medication that a former MDS Coordinator may have miscoded. MDSC-G also did not complete R3's Comprehensive assessment that indicated R3 did not have a serious mental illness. MDSC-G reviewed R3's diagnoses list and confirmed R3 qualified as having a serious mental illness.<br><br>2. From 9/15/25 to 9/17/25, Surveyor reviewed R5's medical record. R5 was admitted to the facility on [DATE] and had diagnoses including encephalopathy, adjustment disorder, major depressive disorder, anxiety disorder, dementia with mood disturbance, and alcohol abuse. R5's MDS<br>(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<br>B. Wing | 09/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bradley Estates Nursing and Rehab LLC | 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0641<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | assessment, dated 8/7/25, had a Staff Interview for Mental Status that indicated R5 had moderate cognitive impairment. R5 had a legal Guardian who was responsible for R5's healthcare decisions.<br><br>R5's physician orders included an order for apixaban (an anticoagulant medication), start date 7/21/25.<br><br>R5's Comprehensive MDS assessment, dated 7/28/25 indicated R5 did not receive anticoagulant medication.<br><br>On 9/17/25 at 12:48 PM, Surveyor interviewed MDSC-G who stated MDSC-G did not complete R5's Comprehensive assessment. MDSC-G verified the assessment should have indicated R5 received anticoagulant medication.<br><br>3. From 9/15/25 to 9/17/25, Surveyor reviewed R104's medical record. R104 was admitted to the facility on [DATE] and had diagnoses including anxiety disorder, dementia, alcohol dependence, insomnia, and depression. R104's MDS assessment, dated 8/20/25, had a Brief Interview for Mental Status (BIMS) score of 11 out of 15 which indicated R104 had moderate cognitive impairment.<br><br>R104's diagnoses list indicated R104 had diagnoses of depressive disorder, dated 7/29/24, and anxiety disorder, dated 7/29/24.<br><br>R104's Comprehensive MDS assessment, dated 8/5/25, indicated R104 did not have a serious mental illness. The MDS assessment also indicated R104 received antianxiety medication.<br><br>R104's physician orders did not include an order for antianxiety medication.<br><br>On 9/17/25 at 12:50 PM, Surveyor interviewed MDSC-G who confirmed MDSC-G incorrectly coded the assessment to indicate R104 received antianxiety medication. MDSC-G also confirmed R104's MDS assessment should have indicated R104 had a serious mental illness.<br><br>4. On 9/17/25, Surveyor reviewed R12's medical record. R12 was admitted to the facility on [DATE] and had diagnoses including anxiety, depression, and delusional disorder. R12's MDS assessment, dated 8/26/25, had a BIMS score of 11 out of 15 which indicated R12 had moderate cognitive impairment. R12 made R12's own healthcare decisions.<br><br>R12's Comprehensive MDS assessment, dated 2/6/25, indicated R12 did not have a serious mental illness.<br><br>R12's diagnoses list indicated R12 had diagnoses of anxiety, depression, and delusional disorder.<br><br>On 9/17/25 at 12:40 PM, Surveyor interviewed MDSC-G who confirmed R12's Comprehensive assessment incorrectly indicated R12 did not have a serious mental illness. MDSC-G confirmed R12 had diagnoses of anxiety, depression, and delusional disorder. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525325 | A. Building<br>B. Wing | 09/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bradley Estates Nursing and Rehab LLC | 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and record review, the facility did not ensure medications for 16 residents (R) (R97, R128, R81, R127, R136, R141, R78, R63, R118, R9, R124, R76, R72, R145, R165, and R35) in 4 of 6 medication carts were labeled or dated appropriately. In addition, the facility did not ensure expired medical supplies were removed from storage in 1 of 2 medication storage rooms.The 100, 300 and 400 unit medication carts contained insulin, inhalers, eye drops, and liquid medications that were not dated when opened.The 400 unit medication storage room contained expired medical supplies. The facility's Storage of Medications policy, revised [DATE], indicates: .4. The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals. All such drugs shall be returned to the dispensing pharmacy or destroyed.The facility's Administering Medications policy, revised [DATE], indicates: .9. The expiration/beyond use date on the medication label must be checked prior to administration. When opening a multi-dose container, the date opened shall be recorded on the container .Albuterol nebulizer solution instructions indicate: Storage conditions: Protect from light. Unit-dose vials should remain stored in the protective foil pouch at all times. Once removed from the foil pouch, the individual vials should be used within two weeks. Discard if the solution is not colorless.Lantus SoloStar pen manufacturer's instructions indicate: Once you take your SoloStar out of cool storage, for use or as a spare, you can use it for up to 28 days. During this time, it should be kept at room temperature (15 to 30 Celsius (C)) and must not be stored in the refrigerator. If there is any remaining insulin after 28 days, discard it.Novolin 70/30 manufacturer's instructions indicate for storage conditions and expiration dates: Dates for Novolin 70/30 not In-use (unopened) refrigerated (36 Fahrenheit (F) - 46 F (2 C - 8 C)). Not in-use (unopened) room temperature (see temperature below). In-use (opened) room temperature (see temperature below) 10 milliliter (ml) multiple-dose vial until expiration date 42 days up to 77 F (25 C) 42 days up to 77 F (25 C) (Do not refrigerate); 3 ml single-patient use FlexPen until expiration date 28 days up to 86 F (30 C) 28 days up to 86 F (30 C) (Do not refrigerate).1. On [DATE] at 8:50 AM, Surveyor observed Licensed Practical Nurse (LPN)-D prepare medication for R97. Surveyor noted R97's Breztri Aerosphere inhalation 160-9-4.8 micrograms per actuation (mcg/act) inhaler did not have an open date. LPN-D confirmed the inhaler should contain an open date.2. On [DATE] at 9:06 AM, Surveyor observed LPN-D prepare medication for R128. Surveyor noted R128's Wixela (fluticasone-salmeterol) 250/50 mcg/dose inhaler did not have an open date on the inhaler or package. LPN-D confirmed the inhaler should contain an open date.3. On [DATE] at 1:47 PM, Surveyor observed the 300 unit medication cart with Registered Nurse (RN)-E and noted the following:~ R81's timolol eye drops did not contain an open date.~ R127 and R136's latanoprost 0.005% eye drops did not contain open dates.~ R141's vial of Novolin 70/20 insulin did not contain an open date.~ R78's Lantus Solostar 100 unit/ml insulin pen and albuterol nebulizer vials did not contain open dates. ~ R63's chlorhexidine 0.12% solution did not contain an open date.~ R118's lactulose 10 grams/15 ml liquid did not contain an open date.~ R9's albuterol HFA 90 mcg inhaler did not contain an open date.~ R124's Advair Diskus 250/50 inhaler did not contain an open date.~ R76's Striverdi Respimat inhaler did not contain an open date. On [DATE] at 2:20 PM, Surveyor observed the 400 unit medication cart with RN-E and noted the following:~ R72's Wixela inhaler did not contain an open date.~ R145's Incruse Ellipta 62.5 mcg inhaler did not contain an open date.~ R165's Breyna 160/4.5 mcg inhaler did not contain an open date.~ R35's Zonisade 100 milligrams (mg)/5 ml inhaler did not contain an open date.Surveyor also observed the 400 unit medication room storage and noted 20 [NAME] Point 1 ml syringes that expired on [DATE].On [DATE] at 2:30 PM, Surveyor interviewed RN-E who confirmed the above medications did not contain open dates and the syringes were expired. RN-E indicated the above medications should contain open dates and the syringes should be disposed<br>(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<br>B. Wing | 09/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bradley Estates Nursing and Rehab LLC | 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | of.On [DATE] at 2:38 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated insulin vials, inhalers, and all of the above medications should contain open dates. DON-B also indicated the expired syringes should be disposed of. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525325 | A. Building<br>B. Wing | 09/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bradley Estates Nursing and Rehab LLC | 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff and resident interview, and record review, the facility did not maintain an infection prevention and control program designed to prevent the development and transmission of communicable disease and infection for 3 residents (R) (R11, R13, and R132) of 29 sampled residents.During the provision of catheter care and peri-care for R11, CNA (Certified Nursing Assistant)-C did not wear a gown or complete appropriate hand hygiene.R13 and R132 had orders for doxycycline (an antibiotic medication). The facility did not include R13 and R132 on the infection control line list for antibiotic use. Based on observation, staff and resident interview, and record review, the facility did not establish and maintain an infection prevention and control program designed to prevent the transmission of communicable disease and infection for 5 residents (R) (R160, R6, R11, R13, and R132) of 29 sampled residents.<br><br>R160 and R6 received dialysis and were on enhanced barrier precautions (EBP). During care observations, staff did not adhere to EBP for R160 and R6.<br><br>R11 had an indwelling catheter and was on EBP. During the provision of care for R11, Certified Nursing Assistant (CNA)-C did not wear the appropriate personal protective equipment (PPE) or complete appropriate hand hygiene.<br><br>R13 and R132 had orders for doxycycline (an antibiotic medication). The facility did not include R13 and R132 on the infection control line list for antibiotic use.<br><br>Findings include:<br><br>The facility's Enhanced Barrier Precautions policy, dated 4/1/24, indicates: It is the policy of this facility to implement enhanced barrier precautions (EBP) for the prevention of transmission of multidrug-resistant organisms (MDROs). EBP refer to an infection control intervention designed to reduce the transmission of MDROs that employs targeted gown and gloves use during high-contact resident care activities .1. a. All staff receive training on EBP upon hire and at least annually and are expected to comply with all designated precautions .c. The facility will have discretion on how to communicate to staff which residents require the use of EBP as long as staff are aware of which residents require the use of EBP prior to providing high-contact care activities .4. High-contact resident care activities include: a. Dressing, b. Bathing, c. Transferring, d. Providing hygiene, e. Changing linens, f. Changing briefs or assisting with toileting, g. Device care or use: central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes, h. Wound care: any skin opening requiring a dressing .9. EBP should be used for the duration of the affected resident's stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk .<br><br>The facility's Hand Hygiene policy, dated 10/30/23, indicates: Purpose: To cleanse hands to prevent the spread of potentially deadly infections; To provide a clean and healthy environment for residents, staff, and visitors; To reduce the risk to the healthcare provider of colonization or infection acquired from a resident. Hand hygiene continues to be the primary means of preventing the transmission of infection.<br><br>1.From 9/15/25 to 9/17/25, Surveyor reviewed R160's medical record. R160 was admitted to the facility on [DATE] and had diagnoses including history of methicillin-resistant Staphylococcus aureus<br>(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<br>B. Wing | 09/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bradley Estates Nursing and Rehab LLC | 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | (MRSA) infection, autoimmune thyroiditis, end stage renal disease, vascular prosthetic device, and dependence on renal dialysis. R160 had an indwelling device used for dialysis. R160's Minimum Data Set (MDS) assessment, dated 9/8/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R160 had intact cognition.<br><br>On 9/15/25 at 11:37 AM, Surveyor observed R160's room and noted a Centers for Disease Control and Prevention (CDC) EBP sign on the wall near the entrance. The sign indicated: Enhanced Barrier Precautions Everyone Must: Clean hands, including before entering the room and when leaving the room. Providers and Staff Must Also: Wear gloves and a gown for the following high-contact resident care activities: Dressing, Bathing/Showering, Transferring, Changing linens, Providing hygiene, Changing briefs, or Assisting with toileting. Device care or use: Central line, urinary catheter, feeding tube, tracheostomy. Wound Care: Any skin opening requiring a dressing. Surveyor also observed a PPE cart in the hallway near the entrance to R160's room (1 door down) that contained gloves and gowns. Surveyor interviewed R160 who indicated staff wear gloves during cares but do not wear gowns. R160 was in bed in a gown.<br><br>On 9/15/25 at 11:58 AM, Surveyor observed Physical Therapist (PT)-V and Occupational Therapist (OT)-Q enter R160's room. PT-V and OT-Q indicated they were going to get R160 up for therapy, lunch, and dialysis and then closed the door to provide care.<br><br>On 9/15/25 at 12:22 PM, Surveyor observed PT-V and OT-Q exit R160's room. Surveyor observed soiled linens and clothing on the floor near the door and observed OT-Q remove gloves. PT-V was wearing gloves and left the room to retrieve a laundry bin. PT-V then put R160's soiled laundry in the bin and removed gloves. PT-V and OT-Q were not wearing gowns. R160 was fully dressed in a wheelchair. Surveyor noted there were no used gowns in the garbage in R160's room. Surveyor interviewed PT-V who indicated PT-V changed R160's clothing, got R160 out of bed, and stripped R160's bed.<br><br>On 9/15/25 at 12:24 PM, Surveyor interviewed OT-Q who indicated OT-Q changed R160's clothing and got R160 out of bed. OT-Q indicated OT-Q and PT-V wore gloves to provide care and transfer R160 and stated there weren't any gowns at the entrance to R160's room. OT-Q indicated OT-Q would have worn a gown if OT-Q changed R160's brief, however, OT-Q just changed R160's clothing and got R160 out of bed. OT-Q indicated OT-Q would've gone to the nearest PPE cart to get a gown if OT-Q needed to change R160's brief. OT-Q confirmed OT-Q didn't know if R160's brief needed to be changed until R160 was undressed and in the middle of cares.<br><br>On 9/17/25 at 9:33 AM, Surveyor interviewed R160 who indicated R160 needed assistance. Surveyor informed staff.<br><br>On 9/17/25 at 9:36 AM, Surveyor observed CNA-R and CNA-S enter R160's room and touch R160's linens with R160 in bed. CNA-R placed CNA-R's hands on R160's body to reposition R160. CNA-R and CNA-S then boosted R160 with a sheet and readjusted R160's pillow, linens, and bedding.<br><br>On 9/17/25 at 9:38 AM, Surveyor showed CNA-R the EBP sign on R160's door. CNA-R indicated CNA-R and CNA-S should have worn gowns to reposition and boost R160 since R160 was a dialysis patient.<br><br>On 9/17/25 at 9:39 AM, Surveyor showed CNA-S the EBP sign on R160's door. CNA-S indicated CNA-S and CNA-R should have worn gowns to reposition and boost R160 but then stated CNA-S and (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<br>B. Wing | 09/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bradley Estates Nursing and Rehab LLC | 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | CNA-R didn't change R160's brief. CNA-S indicated a gown was needed to change R160's brief but not for other cares.<br><br>2. From 9/15/25 to 9/17/25, Surveyor reviewed R6's medical record. R6 was admitted to the facility on [DATE] and had diagnoses including type 2 diabetes, congestive heart failure (CHF), stage 5 kidney disease, end stage renal disease, and dependence on renal dialysis. R6 had an indwelling device used for dialysis. R6's MDS assessment, dated 7/18/25, had a BIMS score of 15 out of 15 which indicated R6 had intact cognition<br><br>On 9/15/25 at 12:01 PM, Surveyor observed R6's room and noted a CDC EBP sign on the wall near the entrance. The sign indicated: Enhanced Barrier Precautions Everyone Must: Clean hands, including before entering the room and when leaving the room. Providers and Staff Must Also: Wear gloves and a gown for the following high-contact resident care activities: Dressing, Bathing/Showering, Transferring, Changing linens, Providing hygiene, Changing briefs, or Assisting with toileting. Device care or use: Central line, urinary catheter, feeding tube, tracheostomy. Wound Care: Any skin opening requiring a dressing. Surveyor also observed a PPE cart in the hallway near the entrance to R6's room that contained gloves and gowns.<br><br>On 9/15/25 at 12:01 PM, Surveyor observed CNA-T and a second staff enter R6's room and shut the door. CNA-T and the second staff did not don PPE prior to entering the room.<br><br>On 9/15/25 at 12:04 PM, Surveyor observed CNA-T exit R6's room with a Hoyer lift. CNA-T was wearing gloves but not a gown. Surveyor noted there were no used gowns in the garbage near the door. CNA-T then reentered R6's room and made the bed.<br><br>On 9/15/25 at 12:05 PM, Surveyor interviewed R6 who indicated staff wear gloves during cares but not gowns. R6 was dressed and in a wheelchair.<br><br>On 9/15/25 at 12:15 PM, Surveyor interviewed CNA-T who indicated CNA-T transferred R6 from bed to wheelchair via Hoyer lift. CNA-T verified CNA-T wore gloves but not a gown. CNA-T indicated CNA-T didn't need to wear a gown because R6 was already dressed. CNA-T indicated that was CNA-T's usual practice for residents on EBP.<br><br>On 9/16/25 at 10:45M, Surveyor interviewed Director of Nursing (DON)-B who indicated staff are trained on infection control practices, including EBP and should follow the facility's EBP policy. DON-B could not verify what type of training staff received and indicated the facility's Infection Preventionist did the training. DON-B indicated all staff should be familiar with EBP is and follow the protocol accordingly.<br><br>On 9/17/25 at 11:17 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A who indicated staff are trained on EBP and should follow the facility's EBP policy, including wearing gowns and gloves as indicated for high-contact cares.<br><br>3. From 9/15/25 to 9/17/25, Surveyor reviewed R11's medical record. R11 was admitted to the facility on [DATE] and had diagnoses including dementia, multiple sclerosis, quadriplegia, chronic kidney disease, and heart failure. R11's MDS assessment, dated 7/21/15, indicated R11 was severely cognitively impaired and was dependent on staff for transfers, hygiene, dressing, and mobility. R11 had an activated Power of Attorney for Healthcare (POAHC).<br>(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<br>B. Wing | 09/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bradley Estates Nursing and Rehab LLC | 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | R11 had an indwelling catheter and was on EBP.<br><br>On 9/16/25 at 9:50 AM, Surveyor observed CNA-C complete peri-care and catheter care for R11. CNA-C filled a basin with water, washed hands, and donned gloves and a mask. CNA-C did not don a gown. CNA-C emptied R11's catheter bag into a urinal, removed gloves, washed hands, and donned clean gloves. CNA-C washed R11's face with a wash cloth, removed the top of R11's gown, and washed R11's chest, underarms, arms, and hands. CNA-C then removed gloves, washed hands, and donned clean gloves. CNA-C applied lotion to R11's arms and hands and put a shirt on R11. CNA-C then removed gloves, washed hands, and donned clean gloves. CNA-C partially removed R11's brief, washed R11's peri-area, and cleansed R11's catheter tubing. CNA-C then set R11's uncovered catheter bag on the bed, rolled R11 onto the right side, and washed R11's buttocks. With the same soiled gloves, CNA-C put a clean brief next to R11 and removed the soiled brief from underneath R11. With the same gloved hands, CNA-C rolled R11 onto the left side and put R11's catheter bag in a dignity cover. CNA-C then removed gloves but did not wash or sanitize hands before donning clean gloves. CNA-C put a clean brief on R11 and removed the soiled brief and linens from R11's room. CNA-C then returned to R11's room, removed gloves, washed hands, and donned clean gloves. CNA-C put lotion on R11's feet, put socks on R11, adjusted R11's position, and put cloth pads under R11's ankles and knees.<br><br>On 9/16/25 at 10:06 AM, Surveyor interviewed CNA-C who was not aware CNA-C needed to wear a gown while providing catheter and peri-care. CNA-C verified CNA-C did not change gloves and cleanse hands at times while providing catheter and peri-care and was not aware CNA-C should have done so.<br><br>4. From 9/15/25 to 9/17/25, Surveyor reviewed R13's medical record. R13 was admitted to the facility on [DATE] and had diagnoses including amyotrophic lateral sclerosis (ALS), colostomy status, and dysphagia. R13's MDS assessment, dated 6/15/25, had a BIMS score of 11 out of 15 which indicated R13 had moderate cognitive impairment. R13 had an activated POAHC.<br><br>R13's medical record contained an order for doxycycline 100 milligrams (mg), 1 capsule three times daily (TID) for gastrointestinal illness (GI). R13 was currently taking doxycycline.<br><br>On 9/17/25, Surveyor reviewed the facility's infection control line list and noted R13 was not on the line list for antibiotic use.<br><br>On 9/17/25 at 1:11 PM, Surveyor interviewed Infection Preventionist (IP)-I who verified R13 was not on the infection control line list for antibiotic use. IP-I indicated IP-I would add R13 to the line list.<br><br>5. From 9/15/25 to 9/17/25, Surveyor reviewed R132's medical record. R132 was admitted to the facility on [DATE]/25 and had diagnoses including osteomyelitis, schizophrenia, and epilepsy. R132's MDS assessment, dated 6/15/25, had a BIMS score of 15 out of 15 which indicated R132 had intact cognition. R132 had an activated POAHC.<br><br>R132's medical record contained an order for doxycycline 100 mg, 1 capsule two times daily (BID) indefinitely for chronic osteomyelitis.<br><br>On 9/17/25, Surveyor reviewed the facility's infection control line list and noted R132 was not on the line list for antibiotic use.<br><br>On 9/17/25 at 1:11 PM, Surveyor interviewed IP-I who verified R132 was not on the infection control line list for antibiotic use. IP-I indicated IP-I would add R132 to the line list. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525325 | A. Building<br>B. Wing | 09/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bradley Estates Nursing and Rehab LLC | 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0551<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Give the resident's representative the ability to exercise the resident's rights.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure protective placement was obtained for 2 residents (R) (R5 and R116) of 3 sampled residents. R5 and R116 had legal Guardians. The facility did not ensure an annual review of court-ordered protective placement ([NAME] Reviews) was obtained for R5 and R116.Findings include:Wisconsin State Statute Chapter 55.03(4) indicates: No guardian or temporary guardian may make a permanent protective placement of his or her ward unless ordered by a court .Wisconsin State Statute Chapter 55.055(1)(b) indicates: The guardian of an individual who has been adjudicated incompetent may consent to the individual's admission to a nursing home or other facility not specified in par. (a) for which protective placement is otherwise required for a period not to exceed 60 days .Following the 60-day period, the admission may be extended .for an additional 30 days .Wisconsin State Statute Chapter 55.18 indicates: Protective placement must be reviewed annually to ensure the resident remains in the least restrictive residential environment.1.From 9/15/25 to 9/17/25, Surveyor reviewed R5's medical record. R5 was admitted to the facility on [DATE] and had diagnoses including dementia, traumatic subdural hematoma, hemiplegia affecting the left nondominant side, congestive heart failure, and chronic obstructive pulmonary disease (COPD). R5's Minimum Data Set (MDS) assessment, dated 7/28/25, indicated R5 was rarely/never understood. R5 had a Guardian for healthcare decisions.R5's medical record contained a Guardianship and Protective Placement document dated 1/24/19.R5's most recent Order for Continuing Protective Placement was filed on 7/7/23.Surveyor requested R5's most recent annual Continuing Protective Placement document.2. From 9/15/25 to 9/17/25, Surveyor reviewed R116's medical record. R116 was admitted to the facility on [DATE] and had diagnoses including dementia, hemiplegia and hemiparesis after a stroke, and functional quadriplegia. R116's MDS assessment, dated 6/7/25, had a Brief Interview for Mental Status (BIMS) score of 9 out of 15 which indicated R116 had moderate cognitive impairment. R116 had a Guardian for healthcare decisions.R116's medical record contained a Guardianship and Protective Placement document dated 3/21/13.R116's most recent Order for Continuing Protective Placement was filed on 7/7/23.Surveyor requested R116's most recent annual Continuing Protective Placement document.On 9/17/25 at 10:00 AM, Surveyor interviewed [NAME] President of Success (VPOS)-M who attempted to contact the County Probate office on 9/16/25 and 9/17/25 to obtain the most recent annual review of protective placement for R5 and R116. VPOS-M verified Continuing Protective Placement reviews should be completed annually On 9/17/25 at 2:42 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who contacted the Clerk of Courts who would not release the protective placement information and indicated reviews were sent to the residents' Guardians. NHA-A contacted R5's Guardian who indicated the only protective placement review R5's Guardian had was from 2019. NHA-A attempted unsuccessfully to contact R116's Guardian. NHA-A verified the facility did not find another [NAME] Review aside from what was in R116's medical record. NHA-A agreed the Social Services Designee (SSD) should have obtained an annual Protective Placement Review or requested R5 and R116's Guardians initiate one. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525325 | A. Building<br>B. Wing | 09/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bradley Estates Nursing and Rehab LLC | 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0552<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that residents are fully informed and understand their health status, care and treatments.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure 3 residents (R) (R3, R5 and R4) of 5 sampled residents had documentation that indicated the residents or their legal representatives were thoroughly informed in advance of the risks and benefits of prescribed psychotropic medication.R3 was prescribed buspirone (an antianxiety medication), venlafaxine (an antidepressant medication), and trazadone (an antidepressant medication) for depression and anxiety. The facility did not ensure informed consent for the medications was completed timely with R3's Power of Attorney for Healthcare (POAHC).R5 was prescribed Seroquel (an antipsychotic medication) for anxiety, sertraline (an antidepressant medication) for adjustment disorder, mirtazapine (an antidepressant medication) for anxiety, and valproic acid (an anticonvulsant medication) for seizures. The facility did not ensure informed consent for the medications was completed timely and/or thoroughly with R5's Guardian.R4 was prescribed sertraline for depression. The facility did not ensure informed consent was completed with R4's POAHC before the medication was administered.<br><br>Findings include:<br><br>The facility's Psychotropic Medication Management policy, dated 11/28/17, indicates each psychoactive medication will be given to treat clearly defined targeted conditions and to promote or maintain the highest practicable physical, functional, and psychosocial well-being .Psychoactive Medication Data Collection Procedure: .11) Risks and benefits will be explained and a copy provided to the resident and/or responsible party. 12) Informed consent, including potential side effects, will be obtained from the resident and/or the resident's representative for each psychoactive medication. 13) If verbal consent by the resident representative is provided, document on informed consent and place copy in chart until signature is obtained. 14) If informed consent is refused by the resident and/or the resident's representative, risk versus benefits will be explained and documented<br><br>1.From 9/15/25 to 9/17/25, Surveyor reviewed R3's medical record. R3 was admitted to the facility on [DATE] and had diagnoses including major depressive disorder, insomnia, vascular dementia, anxiety disorder, and epilepsy. R3's Minimum Data Set (MDS) assessment, dated 7/24/25, indicated R3 had severe cognitive impairment. R3 had an activated POAHC who was responsible for R3's healthcare decisions.<br><br>R3's physician orders indicated R3 was prescribed the following medications:<br><br>~ Buspirone for major depressive disorder and anxiety disorder, dated 4/3/24.<br><br>~ Venlafaxine for major depressive disorder and anxiety disorder, dated 4/17/25.<br><br>~ Trazadone for anxiety, dated 6/5/24.<br><br>R3's medical record contained informed consents for buspirone (completed 4/5/24), venlafaxine (completed 4/5/24), and trazodone (completed 6/11/24).<br><br>On 9/16/25 at 2:40 PM, Surveyor interviewed Dirctor of Nursing (DON)-B who stated informed consents should be completed yearly or with a change. DON-B stated more recent consents should have been completed for R3's psychotropic medications.<br>(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<br>B. Wing | 09/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bradley Estates Nursing and Rehab LLC | 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0552<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 2. From 9/15/25 to 9/17/25, Surveyor reviewed R5's medical record. R5 was admitted to the facility on [DATE] and had diagnoses including encephalopathy, adjustment disorder, major depressive disorder, anxiety disorder, dementia with mood disturbance, and alcohol abuse. R5's MDS assessment, dated 8/7/25, indicated R5 had moderate cognitive impairment. R5 had a Guardian who was responsible for R5's healthcare decisions.<br><br>R5's physician's orders indicated R5 was prescribed the following medications:<br><br>~ Seroquel for anxiety disorder, dated 7/21/25.<br><br>~ Sertraline for adjustment disorder, dated 7/22/25.<br><br>~ Mirtazapine for anxiety disorder, dated 7/21/25.<br><br>~ Valproic Acid for seizures, dated 7/21/25.<br><br>R5's medical record included informed consents for mirtazapine (completed 4/16/24), sertraline (completed 2/1/19), and valproic acid (completed 4/16/24). Surveyor noted R5's sertraline consent was incomplete and did not contain a signature from R5's Guardian. R5's valproic acid consent listed R5's diagnosis as mood disturbance, however, R5's medical record indicated R5 was prescribed the medication for seizures.<br><br>On 9/17/25 at 12:49 PM, Surveyor interviewed DON-B and Regional Nurse Consultant (RNC)-N who confirmed R5 did not have an informed consent form for seroquel and R5's mirtazapine, sertraline, and valproic acid consent forms were out of date or incomplete. DON-B also confirmed R5's diagnosis for valproic acid was seizures and R5's consent was incorrect. DON-B and RNC-N stated informed consents should be reviewed and completed annually or with a change.<br><br>3. From 9/15/25 to 9/17/25, Surveyor reviewed R4's medical record. R4 was admitted to the facility on [DATE] and had diagnoses including vascular dementia, psychotic disorder with delusions, anxiety, and major depressive disorder. R4's MDS assessment, dated 8/4/25, had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated R4 had intact cognition. R4 had an activated POAHC.<br><br>R4's medical record indicated R4 was prescribed the following medications:<br><br>~ Sertraline hydrochloride (HCL) oral tablet 50 milligrams (mg), give 1 tablet by mouth daily for depression and anxiety<br><br>~ Sertraline HCl oral tablet 25 mg, give 1 tablet daily for depression (take with 50 mg = 75 mg)<br><br>R4's medical record did not contain an informed consent form for sertraline.<br><br>On 9/17/25 at 1:28 PM, Surveyor interviewed DON-B who confirmed R4 did not have an informed consent form for sertraline and verified the form should have been completed before sertraline was administered. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525325 | A. Building<br>B. Wing | 09/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bradley Estates Nursing and Rehab LLC | 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0582<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure notification of coverage change and the financial liability for continued stay at the facility was provided timely when Medicare Part A benefits ended for 2 residents (R) (R22 and R113) of 3 sampled residents.The facility did not have documentation that an Advanced Beneficiary Notice (ABN) (which documents daily rate liability for continued cost of stay) or a Notice of Medicare Non-Coverage (NOMNC) form with appeal rights was provided to R22's representative when R22's Medicare Part A coverage ended and R22 remained in the facility.The facility did not have documentation that an ABN or NOMNC form was provided to R113's Guardian when R113's Medicare Part A covrerage ended and R22 remained in the facility.Findings include:The Centers for Medicare and Medicaid Services (CMS)-10123 form indicates a Notice of Medicare Non-Coverage (NOMNC) form must be delivered at least two calendar days before Medicare-covered services end or the second to last day of service if care is not being provided daily. Note: The two-day advance requirement is not a 48-hour requirement .The provider must ensure the beneficiary or representative signs and dates the NOMNC form to demonstrate the beneficiary or representative received the notice and understands the termination decision can be disputed.The CMS-10055 Skilled Nursing Facility Advanced Beneficiary Notice of Non-Coverage (ABN) form indicates: The ABN provides information to the beneficiary so the beneficiary can decide whether or not to get the care that may not be paid for by Medicare and assume financial responsibility .The ABN is only issued if the beneficiary intends to continue services and the skilled nursing facility believes the services may not be covered under Medicare.1.From 9/15/25 to 9/16/25, Surveyor reviewed R22's medical record. R22 was admitted to the facility on [DATE] and had diagnoses including end stage renal disease, metabolic encephalopathy, and dependence on renal dialysis. R22's Minimum Data Set (MDS) assessment, dated 9/12/25, had a Brief Interview for Mental Status (BIMS) score of 8 out of 15 which indicated R22 had moderate cognitive impairment. R22 had an activated Power of Attorney for Healthcare (POAHC) who was responsible for R22's healthcare decisions. On 9/16/25, Surveyor reviewed documentation regarding R22's Medicare Part A stay that indicated R22's last covered day was 5/3/25. Surveyor noted R22's NOMNC form indicated it was issued to R22's POAHC on 5/1/25 at 1:30 PM via phone and signed by MDS Coordinator (MDSC)-G. R22's ABN indicated R22's last covered day was 5/3/25. The ABN did not include a date or signature from R22's POAHC. In addition, R22's medical record did not indicate R22's POAHC was informed of coverage and service changes or appeal rights when R22 remained in the facility.On 9/16/25 at 8:43 AM, Surveyor interviewed MDSC-G who stated MDSC-G spoke with R22's POAHC via phone and issued the NOMNC form. MDSC-G indicated the only documentation MDSC-G had regarding issuing the NOMNC form and ABN was noted on the NOMNC form and a handwritten note that MDSC-G provided to Surveyor. MDSC-G indicated MDSC-G did not document the information in R22's medical record.2. From 9/15/25 to 9/16/25, Surveyor reviewed R113's medical record. R113 was admitted to the facility on [DATE] and had diagnoses including dehydration and dementia. R113's MDS assessment, dated 8/4/25, had a BIMS score of 00 out of 15 which indicated R113 had severe cognitive impairment. R113 had a Guardian who was responsible for R113's healthcare decisions. On 9/16/25, Surveyor reviewed documentation regarding R113's Medicare Part A stay that indicated R113's last covered day was 8/14/25. Surveyor noted R113's NOMNC form did not include a signature or the date that it was issued to R113's Guardian. R113's ABN did not indicate if an option was chosen for appeal and did not include a signature or the date that it was issued to R113's Guardian. In addition, R113's medical record did not indicate R113's Guardian was informed of coverage and service changes or appeal rights when R113 remained in the facility.On 9/16/25 at 8:43 AM, Surveyor interviewed MDSC-G who stated MDSC-G called R113's Guardian on 8/12/25, 8/13/25, and 8/14/25 and showed Surveyor a handwritten note. MDSC-G stated MDSC-G went on vacation after that and did not receive<br>(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<br>B. Wing | 09/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bradley Estates Nursing and Rehab LLC | 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0582<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | a return call from R113's Guardian prior to that. MDSC-G provided Surveyor with email communication from R113's Guardian, dated 9/8/25, that indicated R113's Guardian did not receive the communication regarding the end of coverage and services for R113. MDSC-G stated R113's Guardian changed and MDSC-G was not aware. Per the Guardian's email, dated 9/11/25, contact information was corrected, however, R113's Guardian had not yet received R113's NOMNC form or ABN. MDSC-G stated MDSC-G did not document in R113's medical record when MDSC-G issued the NOMNC form or ABN and just wrote the information in a handwritten note. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525325 | A. Building<br>B. Wing | 09/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bradley Estates Nursing and Rehab LLC | 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0585<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff and resident interview and record review, the facility did not document, investigate, or thoroughly resolve a grievance for 1 resident (R) (R79) of 29 sampled residents. R79's reported missing clothing to staff. The facility did not appropriately document, investigate, or thoroughly resolve R79's grievance.Findings include: The facility's Grievance Guideline policy, revised 4/23/23, indicates: It is the practice of this facility that each resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment that has been furnished as well as that which has not been furnished, the behavior of staff and other residents, and other concerns regarding their stay. The facility will ensure prompt resolution within five calendar days to all grievances, keeping the resident and resident representative informed throughout the investigation and resolution process .G. Response: Any employee of this facility who receives a complaint shall immediately attempt to resolve the complaint within their role and authority. If a complaint cannot be immediately resolved the employee shall escalate that complaint to their supervisor and the facility grievance official .From 9/15/25 to 9/17/25, Surveyor reviewed R79's medical record. R79 was admitted to the facility on [DATE] and had diagnoses including atrial fibrillation, congestive heart failure (CHF), diabetes, depression, and anxiety. R79's Minimum Data Set (MDS) assessment, dated 9/4/25, had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated R79 had intact cognition. On 9/15/25 at 12:55 PM, Surveyor interviewed R79 who indicated R79 was upset because the facility had lost R79's clothing which had been missing for a week. R79 indicated R79 was missing at least three military T-shirts worth approximately $15 each and one or two pair of sweatpants worth $20 each. R79 indicated R79 didn't have much clothing and especially valued the shirts and wanted them back. R79 indicated R79 told staff the clothes were missing and did not come back from the laundry. R79 indicated staff looked for the clothes but came back with other residents' clothing for R79 to wear. R79 indicated R79 had been wearing other residents' clothing for several days and wanted R79's own clothes back. When asked if anyone talked to or followed-up with R79 about the missing clothing, R79 indicated no one had talked to R79 other than the staff R79 reported it to who brought R79 other residents' clothing.Surveyor reviewed the facility's grievance log and noted there were no grievances for R79. On 9/17/25 at 9:28 AM, Surveyor again interviewed R79 who had not gotten any of R79's clothes back yet. R79 was not wearing a shirt during the interview and stated, Let me put my shirt on. Well, not mine. It's someone else's shirt because I don't have my own clothes. R79 was unhappy that R79's clothing had been missing for over a week. R79 asked staff for the clothing since R79 spoke with Surveyor (on 9/15/25). Staff told R79 the facility is supposed to do a major laundry washing day and R79 will probably get the clothing back after that. R79 indicated another staff said they would look for the clothing but instead [NAME] R79 another resident's clothing. Surveyor observed a stack of folded clothes on R79's chair that was not there on 9/15/25. R79 confirmed the clothes were not R79's and stated R79 wished someone would find R79's clothing. R79 expresed frustration with the lack of help that R79 received. R79 indicated neither management staff or the Grievance Officer had spoken to R79 about the clothing. R79 was sure if a grievance was filed.On 9/17/25 at 10:38 AM, Surveyor interviewed Director of Nursing (DON)-B who indicated staff should follow the grievance protocol when a resident reports a missing item. DON-B indicated the protocol includes reporting to the Grievance Officer right away.On 9/17/25 at 11:36 AM, Surveyor interviewed Grievance Officer (GO)-U who was not aware of R79's missing clothing and was not familiar with R79. GO-U indicated it is not acceptable that a grievance was not generated for R79's missing clothing and that staff had not notified GO-U. GO-U indicated staff should have checked the laundry, reviewed R79's inventory sheet, and notified GO-U of the missing clothing<br>(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<br>B. Wing | 09/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bradley Estates Nursing and Rehab LLC | 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0585<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | so a grievance could be started. GO-U indicated R79 should be reimbursed if the missing clothing is not found.On 9/17/25 at 12:03 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who indicated staff should have reported the missing items and should have communicated with the Housekeeping Supervisor and GO-U. NHA-A indicated GO-U handles all grievances and should have been notified and involved. NHA-A indicated the missing items will be reimbursed if not found. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525325 | A. Building<br>B. Wing | 09/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bradley Estates Nursing and Rehab LLC | 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0640<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure timely transmittal of a Resident Assessment Information (RAI)/Minimum Data Set (MDS) assessment for 1 resident (R) (R105) of 29 sampled residents.R105 discharged from the facility on 5/7/25. R105's Discharge MDS assessment was not completed/transmitted as required.Findings include:The RAI Manual pages 2-19 indicate a Discharge MDS Assessment-Return Not Anticipated is to be completed no later than the discharge date plus 14 calendar days and transmitted 14 calendar days from the completion of the MDS Discharge Assessment. From 9/16/25 to 9/17/25, Surveyor reviewed R105's medical record. R105 was admitted to the facility on [DATE] with a diagnosis of non-traumatic brain injury and was discharged from the facility on 5/7/25. R105's medical record did not include a Discharge MDS Assessment.On 9/17/25 at 12:43 PM, Surveyor interviewed MDS Coordinator (MDSC)-G who stated R105 was sent to the hospital and a Discharge MDS assessment should have been completed. MDSC-G reviewed another resident's Discharge MDS assessment to confirm the timeframe for completion and stated the timeline for completion was 7 days. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525325 | A. Building<br>B. Wing | 09/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bradley Estates Nursing and Rehab LLC | 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0644<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure a Pre-admission Screening and Resident Review (PASRR) Level I Screen was updated to initiate a PASRR Level II Screen when a newly evident mental disorder and/or change in medication was identified for 2 residents (R) (R5 and R94) of 5 sampled residents.R5 was prescribed Seroquel (an antipsychotic medication). The facility did not update R5's PASRR Level I Screen and submit for PASRR Level II reevaluation.R94 was prescribed Abilify (an antipsychotic medication) for major depressive disorder, buspirone (an antianxiety medication) for anxiety disorder, trazodone (an antidepressant medication), Lexapro (an antidepressant medication), and Wellbutrin (an antidepressant medication) for major depressive disorder. The facility did not update R94's PASRR Level I Screen to include all psychotropic medications that R94 was prescribed. In addition, the facility did not have a PASRR Level II Screen for R94.Findings include:1.From 9/15/25 to 9/17/25, Surveyor reviewed R5's medical record. R5 was admitted to the facility on [DATE] and had diagnoses including adjustment disorder, major depressive disorder, anxiety disorder, dementia with mood disturbance, and alcohol abuse. R5's Minimum Data Set (MDS) assessment, dated 8/7/25, had a Staff Interview for Mental Status that indicated R5 had moderate cognitive impairment. R5 had a legal Guardian who was responsible for R5's healthcare decisions.R5's physician orders indicated R5 was prescribed the following psychotropic medications to treat symptoms of a serious mental illness:~ Seroquel for anxiety disorder, dated 7/21/25.~ Sertraline (an antidepressant medication) for adjustment disorder, dated 7/22/25.~ Mirtazapine (an antidepressant medication) for anxiety disorder, dated 7/21/25.R5's PASRR Level I Screen, admission date of 9/25/23, indicated R5 had a serious mental illness and was prescribed sertraline and mirtazapine. R5's Level I Screen did not include Seroquel.R5's PASRR Level II Screen, determination date 7/2/24, did not include R5's order for Seroquel.On 9/17/25 at 2:40 PM, Surveyor interviewed Admissions Director (AD)-F who completed PASRRs for the facility. AD-F stated there is a meeting each morning to review medications, however, AD-F was not aware that an antipsychotic medication was added for R5. AD-F stated AD-F is currently working with unit managers on a new process to ensure more accurate PASRRs. AD-F verified R5's PASRR Level I should have been updated and submitted for a new Level II review.2. From 9/15/25 to 9/17/25, Surveyor reviewed R94's medical record. R94 was admitted to the facility on [DATE] and had diagnoses including insomnia, major depressive disorder, and general anxiety disorder. R94's MDS assessment, dated 6/30/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R94 had intact cognition. R94 was responsible for R94's healthcare decisions.R94's physician orders indicated R5 was prescribed the following psychotropic medications:~ Abilify for major depressive disorder, dated 6/19/25.~ Buspirone for anxiety disorder, dated 8/29/25.~ Lexapro for major depressive disorder and anxiety disorder, dated 6/19/25.~ Wellbutrin for major depressive disorder, dated 6/19/25.R94's undated PASRR Level I Screen indicated R94 had a severe mental illness and was prescribed Lexapro. R94's Level I Screen did not include R94's orders for Abilify, buspirone, or Wellbutrin.R94's medical record included a PASRR Level II Referral Summary, dated 9/11/24, that indicated a partial Level II Screen should be completed. Surveyor requested the Level II Screen. The facility did not provide the Level II Screen.On 9/17/25 at 2:30 PM, Surveyor interviewed AD-F who confirmed R94's Level I Screen did not contain all of R94's medications. AD-F indicated AD-F is not always aware when a new medication is added but is working with unit managers on a new process to ensure more accurate PASRRs. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525325 | A. Building<br>B. Wing | 09/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bradley Estates Nursing and Rehab LLC | 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0645<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | PASARR screening for Mental disorders or Intellectual Disabilities<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure Preadmission Screening and Resident Review (PASRR) requirements were met for 1 resident (R) (R103) of 7 sampled residents.R103 had a diagnosis of schizophrenia. R103's PASRR Level I Screen indicated R103 did not have a mental illness. R103 did not have a PASRR Level II Screen. According to the State of Wisconsin Department of Health Services, PASRR is a federal requirement that all applicants to Medicaid-certified nursing facilities be assessed to determine whether they might have an intellectual disability (ID)/developmental disability (DD) and/or mental illness (MI). This is called a Level I Screen. The purpose of a Level I Screen is to identify individuals whose total needs require they receive additional services for their ID/DD and/or MI. Individuals who test positive at Level I are then evaluated in depth to confirm the determination of an ID/DD and/or MI for PASRR purposes. This is a Level II Screen. This assessment produces a set of recommendations for necessary services that are meant to inform the individual's plan of care. Nursing facilities may seek county exemption for applicants with ID/DD and/or MI whose stay in the facility is expected to be recuperative care or short-term, as evidenced by receipt of County Review of Nursing Home, IMD or ICF/IID Referrals (F-20822).From 9/15/25 to 9/17/25, Surveyor reviewed R103's medical record. R103 was admitted to the facility on [DATE] and had diagnoses including schizophrenia and paranoid schizophrenia. R103's Minimum Data Set (MDS) assessment, dated 8/29/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R103 had intact cognition. R103 was responsible for R103's healthcare decisions. R103's medical record contained a PASRR Level I Screen, completed on 11/10/23, that indicated R103 did not have a current mental illness diagnosis, however, R103's medical diagnoses included schizophrenia and paranoid schizophrenia (dated 11/10/23).R103's MDS assessment, dated 11/17/23, under Section I (active diagnoses) indicated R103 had schizophrenia. R103's medical record did not contain a PASRR Level II Screen.On 9/17/25 at 10:32 AM, Surveyor interviewed Director of Nursing (DON)-B and asked if a PASRR Level II Screen should have been completed for R103. DON-B indicated the admissions department starts the PASRR process which should be completed prior to the resident entering the facility.On 9/17/25 at 2:27 PM, Surveyor interviewed Admissions Director (AD)-F who indicated AD-F did not complete R103's PASRR Level I Screen. AD-F verified R103's PASRR Level I Screen incorrectly indicated R103 did not have a major mental disorder. AD-F indicated if AD-F had completed R103's PASRR, AD-F would have indicated R103 had a major mental disorder and submitted for a Level II Screen due to R103's diagnosis of schizophrenia.On 9/17/25 at 3:12 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who confirmed R103 had a diagnosis of schizophrenia. NHA-A indicated R103's PASRR Level I Screen should have indicated R103 had a major mental disorder. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525325 | A. Building<br>B. Wing | 09/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bradley Estates Nursing and Rehab LLC | 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide care and assistance to perform activities of daily living for any resident who is unable.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff and resident interview, and record review, the facility did not ensure 3 residents (R) (R5, R116, and R161) of 3 sampled residents who were unable to carry out activities of daily living (ADLs) were provided nail care, oral hygiene, or shower assistance. R5 and R116 did not receive consistent nail care or oral hygiene assistance. R161 did not receive showers per R161's request. In addition, R161's shower documentation was incorrect.Findings include:<br><br>The facility's Activities of Daily Living (ADLs) policy, dated 5/7/20, indicates: The facility provides care and services taking into consideration residents' needs and choices for the following activities: hygiene, bathing, dressing, grooming, and oral care.<br><br>The facility's Care of Fingernails/Toenails policy, revised 10/2010, indicates: The purpose of the procedure is to clean the nail bed, keep nails trimmed, and prevent infection .1. Nail care includes daily cleaning and regular trimming. 2. Proper nail care can aid in the prevention of skin problems around the nail bed. 3. Trimmed and smooth nails prevent the resident from accidentally scratching and injuring his or her skin.<br><br>1. From 9/15/25 to 9/17/25, Surveyor reviewed R5's medical record. R5 was admitted to the facility on [DATE] and had diagnoses including traumatic subdural hematoma, hemiplegia affecting left nondominant side, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), and dementia. R5's Minimum Data Set (MDS) assessment, dated 7/28/25, indicated R5 was rarely/never understood. R5 had a Guardian for healthcare decisions.<br><br>R5's care plan, revised 1/16/25, indicated R5 had potential for an ADL self-care performance deficit related to dementia. The care plan contained an intervention for personal hygiene and oral care: (limited assistance) by 1 staff (dated 12/13/24). In addition, R5's plan of care, revised 7/27/25, indicated R5 had oral/dental health problems related to being edentulous (without teeth). The care plan contained an intervention to provide mouth care as per ADL personal hygiene (dated 7/21/25).<br><br>A podiatry progress note, dated 6/17/25, indicated the toenails on R5's left foot and the second, third, and fourth toenails on the right foot were trimmed and reduced in length and thickness to 1 millimeter (mm). The note indicated R5 had a diagnosis of onychodystrophy (abnormal changes in the shape, color, texture, and growth of the fingernails or toenails).<br><br>On 9/15/25 at 11:46 AM, Surveyor observed R5's fingernails which were approximately 1/4 inch long and contained a dark substance underneath the nails on the right hand.<br><br>On 9/15/25 at 12:05 PM, Surveyor observed Certified Nursing Assistant (CNA)-J leave R5's room to get assistance with morning cares.<br><br>On 9/15/25 at 12:19 PM, Surveyor observed R5's great toenails which were approximately 1/2 inch long.<br><br>On 9/15/25 at 12:19 PM, Surveyor interviewed Speech Therapist (ST)-K who was assisting CNA-J with R5's morning cares. ST-K verified R5's fingernails were approximately 1/4 inch long and R5's right nails appeared dirty. ST-K also verified R5's great toenails were approximately 1/2 inch long and appeared gnarly.<br>(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<br>B. Wing | 09/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bradley Estates Nursing and Rehab LLC | 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During the observation, Surveyor noted staff did not provide oral care for R5.<br><br>On 9/15/25 at 1:01 PM, Surveyor interviewed Licensed Practical Nurse (LPN)-L who confirmed oral care should have been provided with morning cares.<br><br>Surveyor reviewed R5's oral hygiene documentation for 9/3/25 to 9/12/25. Oral hygiene was not documented as completed on 9/6/25 (AM), 9/8/25 (AM), 9/12/25 (AM and PM), 9/13/25 (AM and PM), 9/14/25 (AM and PM), and 9/15/25 (AM).<br><br>On 9/16/25 at 9:57 and 11:55 AM, Surveyor interviewed Director of Nursing (DON)-B who verified trimming nails and oral care should be part of a resident's care. DON-B also verified R5's medical record contained dates that indicated oral hygiene was not completed. DON-B indicated if the task was not documented, it was not done.<br><br>2. From 9/15/25 to 9/17/25, Surveyor reviewed R116's medical record. R116 was admitted to the facility on [DATE] and had diagnoses including hemiplegia and hemiparesis after a stroke, dementia, and functional quadriplegia. R116's MDS assessment, dated 6/7/25, had a Brief Interview for Mental Status (BIMS) score of 9 out of 15 which indicated R116 had moderate cognitive impairment. R116 had a Guardian for healthcare decisions.<br><br>On 9/15/25 at 1:10 PM, Surveyor observed R116's left hand and noted R116's fingernails were approximately 1/2 inch long.<br><br>On 9/16/25 at 9:57 AM, Surveyor interviewed DON-B who verified trimming nails should be part of a resident's care.<br><br>Surveyor reviewed R116's oral hygiene documentation for 9/3/25 to 9/15/25. Oral hygiene was not documented as completed on 9/8/25 (PM), 9/11/25 (PM), 9/12/25 (AM), 9/13/25 (AM and PM), 9/14/25 (AM and PM), and 9/15/25 (AM).<br><br>On 9/16/25 at 11: 55 AM Surveyor interviewed DON-B who verified R116's medical record contained dates that indicated oral hygiene was not completed. DON-B indicated if the task was not documented, it was not done.<br><br>3. From 9/15/25 to 9/17/25, Surveyor reviewed R161's medical record. R161 was admitted to the facility on [DATE] and had diagnoses including spinal stenosis, cervical region disease of spinal cord, atrial fibrillation, and anxiety. R161's MDS assessment and BIMS score were not available due to R161's recent admission.<br><br>R161's plan of care, initiated on 9/8/25 upon admission, indicated R161 received showers on the Thursday PM shift. R161's care plan was not complete and did not indicate R161's self-care performance deficits, related diagnoses, or goals related to showers and ADLs. Surveyor noted nearly all of the fill in the blank areas on R161's care plan used to personalize the care plan and inform staff of R161's needs were blank.<br><br>The care plan indicated:<br><br>~ The resident has (specify) actual /potential for an ADL self-care performance deficit (related to) (dated 9/8/25).<br>(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<br>B. Wing | 09/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bradley Estates Nursing and Rehab LLC | 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | ~ The resident will demonstrate the appropriate use of (specify adaptive device(s) to increase ability in (specify) (dated 9/8/25).<br><br>~ The resident will maintain current level of function in (specify) through the review date (dated 9/8/25).<br><br>~ The resident has (specify: urge, stress, functional, mixed) bladder incontinence (related to) (dated 9/8/25).<br><br>~ The resident has impaired visual function (related to) (dated 9/8/25).<br><br>On 9/15/25 at 12:40 PM, Surveyor interviewed R161 who indicated R161 does not receive showers. R161 indicated R161 keeps asking staff for showers but has been told R161 can't have one. Surveyor noted R161's hair appeared oily and unkempt and noted R161 wore a neck collar. R161 indicated staff refuse to give R161 a shower and state the neck brace cannot come off. R161 indicated R161 has had the neck collar for a long time and can take it off for showers. R161 indicated staff stated they don't know how to put the neck collar back on and have also told R161 the shower was broken. R161 indicated R161 had a couple of bed baths which isn't enough and R161 wants a full shower.<br><br>On 9/17/25 at 9:08 AM, Surveyor again interviewed R161 who indicated R161 still had not had received a shower. R161 again indicated staff won't give R161 a shower even though they were told they can take R161's neck brace off for a shower. R161 did not think staff contacted R161's physician to ask because they still refused to shower R161.<br><br>On 9/17/25 at 10:38 AM, Surveyor interviewed DON-B who indicated a resident should receive a shower if they ask for one. DON-B indicated a care plan should be created and followed and the resident should be added to the shower schedule. Surveyor requested R161's bathing/shower documentation and the facility's ADL policy.<br><br>On 9/17/25 at 12:27 PM, DON-B provided the ADL policy and a post it note. The note indicated R161 prefers bed baths and was offered a shower that day but declined.<br><br>On 9/17/25 at 12:30 PM, Surveyor interviewed DON-B who indicated DON-B wrote the note regarding R161's shower. When asked if DON-B had talked to R161 since the note was in contrast to what R161 had stated earlier, DON-B indicated the unit nurse talked to R1. When asked why the note indicated R161 prefers bed baths when R161 has been requesting a shower, DON-B indicated DON-B would call the physician to see if R161's neck collar can be removed. DON-B confirmed DON-B had not spoken to the physician on R161's behalf.<br><br>On 9/17/25 at 12:36 PM, DON-B approached Surveyor and indicated DON-B made a mistake on the note and wanted to clarify that R161 can't have showers because R161's neck collar can't be removed.<br><br>On 9/17/25 at 12:39 PM, Surveyor again interviewed R161 and noted R161's shirt was changed and hair was combed. R161 stated R161 was given a bed bath that morning after Surveyor left R161's room. R161 indicated R161 was offered a shower after the bed bath but declined due to just having received a bed bath. R161 was happy R161 had been offered a shower on Thursday evenings and stated R161 would be receiving the first shower tomorrow evening. R161 indicated Unit Manager (UM)-W offered the shower tomorrow evening and on Thursday evenings going forward.<br>(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<br>B. Wing | 09/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bradley Estates Nursing and Rehab LLC | 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 9/17/25 at 12:41 PM, Surveyor interviewed UM-W who indicated R161 gets bed baths because R161 wears a cervical neck collar. UM-W indicated R161's discharge paperwork indicated R161 wears a neck collar at all times. UM-W confirmed the physician was not asked about showers for R161 per R161's request and stated R161 will receive a bed bath Thursday evening instead of a shower. UM-W indicated there is no difference on the bathing schedule between a bed bath and a shower. UM-W indicated even though R161's care plan and bathing schedule indicate R161 will receive a shower and R161 was told R161 will get a shower, R161 will actually get a bed bath because R161 can't have showers.<br><br>On 9/17/25 at 1:25 PM, DON-B gave Surveyor two handwritten bathing sheets for R161. One sheet, dated 9/11/25, indicated R161 received a shower and a skin check was completed. The second sheet, dated 9/17/25, indicated R161 received a shower and a skin check was completed. Writing on the corner of the sheet indicated bed bath only, collar 24/7. The box for bed bath (under showers) was not marked. When asked why the 9/11/25 shower sheet indicated R161 had a shower when R161 did not have a shower, DON-B indicated R161 can't have a shower and Surveyor should speak to UM-W.<br><br>On 9/17/25 at 1:28 PM, Surveyor interviewed UM-W who indicated UW-M completed and signed R161's shower sheets on behalf of other staff but did not provide care for R161. UM-W indicated UW-M completed the paperwork because others had not completed it. UM-W indicated it is UM-W's regular practice to complete and sign paperwork on behalf of others. When Surveyor asked UM-W why the shower sheets indicated R161 had a shower and skin check when UM-W and DON-B indicated R161 can't have showers, UM-W retracted the statement that a shower was completed and stated it was a bed bath. UM-W indicated the shower and bed bath portions of the form are the same.<br><br>On 9/17/25 at 1:57 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who indicated a resident who wants a shower should receive one. NHA-A indicated the physician should have been called regarding R161's shower request and the order should have been clarified. NHA-A confirmed UM-W should not complete and sign paperwork for others and indicated no one should create shower sheets for showers that did not occur. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525325 | A. Building<br>B. Wing | 09/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bradley Estates Nursing and Rehab LLC | 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate pressure ulcer care and prevent new ulcers from developing.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and record review, the facility did not ensure the provision of care and treatment to prevent pressure injuries from developing and/or promote healing for 2 residents (R) (R50 and R7) of 4 sampled residents.R50 had a history of facility-acquired pressure injuries. R50's plan of care indicated R50's heels should be floated. The intervention was not consistently followed.R7 had a history of a facility-acquired pressure injury due to a medical device. R7's plan of care indicated R7 should wear a left heel bootie at all times. The intervention was not consistently followed.<br><br>Findings include:<br><br>The facility's Pressure Injury/Skin integrity policy, dated 10/21/24, indicates: It is the policy of this facility to enable nursing staff to manage wounds and select appropriate interventions according to the National Pressure Ulcer Advisory Panel (NPUAP). Based on the comprehensive assessment of a resident, this facility will ensure: A resident receives care consistent with professional standards of practice to prevent pressure injuries and does not develop pressure injuries unless the individual's clinical condition demonstrates that they were unavoidable. A resident with pressure injuries receives necessary treatment and services consistent with professional standards of practice to promote healing, prevent infection, and prevent new ulcers from developing .Interventions will be implemented to mitigate the risk for breakdown based on individual risk factors and may include, but are not limited to: a. The use of pressure redistribution devices such as mattresses or cushions; devices to eliminate or reduce friction and shearing; or the implementation of individualized turning or repositioning and/or off-loading schedules. b. Interventions should be documented in the resident's medical record, including in the resident's individualized resident-centered plan of care.<br><br>1. From 9/15/25 to 9/17/25, Surveyor reviewed R50's medical record. R50 was admitted to facility on 5/7/25 and had diagnoses including cerebral vascular accident, myocardial infarction, hemiplegia, diabetes, osteoarthritis, coronary artery disease (CAD), and lymphedema. R50's Minimum Data Set (MDS) assessment, dated 8/11/25, indicated R50 was dependent on staff for transfers, hygiene, and mobility and was severely cognitively impaired. R50 had an activated Power of Attorney for Healthcare (POAHC).<br><br>R50's plan of care indicated R50 had impaired skin integrity and a right lateral heel pressure injury. The plan of care contained an intervention to float heels (initiated 5/15/25).<br><br>R50's medical record indicated R50 had a history of pressure injuries including:<br><br>~ A left lateral lower leg pressure injury acquired on 5/6/25 that was resolved on 7/11/25.<br><br>~ A right lateral heel pressure injury acquired at the facility on 5/14/25 that measured 11.5 centimeters (cm) x 4.3 cm x 3.55 cm upon discovery and measured 0.16 cm x 0.34 cm x 0.65 cm on 8/12/25.<br><br>~ A right lateral forefoot pressure injury acquired at the facility on 5/14/25 that was resolved on 7/11/25.<br><br>~ A left lateral foot pressure injury acquired at the facility on 5/23/35 that was resolved on 6/6/25.<br>(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<br>B. Wing | 09/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bradley Estates Nursing and Rehab LLC | 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 9/15/25 at 2:06 PM, Surveyor observed R50 in bed. R50's heels were not elevated and were in direct contact with the mattress.<br><br>On 9/16/25 at 11:36 AM, Surveyor observed R50 in bed. R50's heels were not elevated and were in direct contact with the mattress.<br><br>On 9/17/25 at 7:52 AM, Surveyor observed R50 in bed. R50's heels were not elevated and were in direct contact with the mattress.<br><br>On 9/17/25 at 2:36 PM, Surveyor interviewed Director of Nursing (DON)-B who verified R50's heels should be elevated per R50's plan of care.<br><br>2. From 9/15/25 to 9/17/25, Surveyor reviewed R7's medical record. R7 was admitted to the facility on [DATE] and had diagnoses including epilepsy, atrial fibrillation, diabetes type 2, and dementia. R7's MDS assessment, dated 6/18/25, indicated R7 was dependent on staff for transfers, hygiene, and dressing and had moderately impaired cognition. R7 had an activated POAHC.<br><br>R7's plan of care indicated R7 had impaired skin Integrity related to a medical device and indicated R7 should wear a left heel bootie at all times.<br><br>R7 acquired a left lateral shin pressure injury at the facility on 5/5/25 due to a chronic medical device. R7 wore a leg brace due to foot drop. A Nurse Practitioner (NP) order, dated 5/5/25, indicated to discontinue the brace due to immobility and a left heel bootie was applied. The pressure injury resolved and R7's treatment was discontinued.<br><br>On 9/16/25 at 11:42 AM and 12:22 PM, Surveyor observed R7 in the dining room without a left heel bootie.<br><br>On 9/16/25 at 2:43 PM, Surveyor observed R7 in bed without a left heel bootie.<br><br>On 9/17/25 at 8:04 AM, Surveyor observed R7 in the dining room without a left heel bootie.<br><br>On 9/17/25 at 8:10 AM, Surveyor interviewed Registered Nurse (RN)-H who reviewed R7's Treatment Administration Record (TAR) and verified R7 had an order for a left heel bootie that was on R7's plan of care. RN-H verified R7 did not have a left heel bootie on as ordered and put R7's left therapeutic boot on. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525325 | A. Building<br>B. Wing | 09/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bradley Estates Nursing and Rehab LLC | 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>Based on staff interview and record review, the facility did not ensure neuro checks were completed after unwitnessed falls for 1 resident (R) (R42) of 4 sampled residents.R42 had unwitnessed falls on 6/12/25, 6/19/25, 6/27/25, 7/10/25 and 8/26/25. Following the falls, staff did not ensure neuro checks were completed in accordance with the facility's policy. Findings include:The facility's Falls Investigation Guideline, dated 12/20/20, indicates: .4. If the fall was unwitnessed or involved a resident who hit their head, initiate neurological evaluation .Monitor the resident and observe for changes for a minimum of 72 hours.The facility's Neurological Flow Sheet indicates: Vital Signs and Neuro Checks: Every 15 minutes x 1 hour, then every 30 minutes x 1 hour, then every hour x 4 hours, then every 4 hours x 24 hours.On 9/15/25, Surveyor reviewed R42's medical record. R42 had diagnoses including hemiplegia and hemiparesis following a stroke, vascular dementia, and polymyalgia rheumatica. R42's Minimum Data Set (MDS) assessment, dated 8/6/25, had a Brief Interview for Mental Status (BIMS) score of 6 out of 15 which indicated R42 had severe cognitive impairment. The MDS assessment indicated R42 was independent with transfers from bed to wheelchair and required assistance with wheelchair and walker use. R42 had an activated healthcare decision maker. R42's care plan, dated 6/20/25, indicated R42 required assistance to lay down and for toileting.R42's medical record indicated R42 had unwitnessed falls on the dates below. R42's care plan was not updated with interventions following the falls. No injuries were noted. Neuro checks were started but not completed in accordance with the facility's neuro check form.~ On 6/12/25, R42 had an unwitnessed fall in R42's room and was found lying on top of a wheelchair. R42 indicated R42 attempted to self-transfer from bed to wheelchair and lost R42's balance. Staff completed 15 of 16 neuro checks. ~ On 6/19/25, R42 had an unwitnessed fall in R42's room and was found sitting on the floor with a walker in front of R42. R42 indicated R42 stood up to go to the bathroom and fell to the floor. Staff completed 13 of 16 neuro checks. ~ On 6/27/25, R42 had an unwitnessed fall in R42's room and was found sitting on the floor. R42 indicated R42 lost R42's balance while ambulating from bed to sink. Staff completed 14 of 16 neuro checks. ~ On 7/10/25, R42 had an unwitnessed fall in R42's room and was found on the floor next to R42's bed. R42 indicated R42 attempted to go from bed to the bathroom. Staff completed 14 of 16 neuro checks.~ On 8/26/25, R42 had unwitnessed falls at 7:45 AM and 1:00 PM. At 7:45 AM, R42 was found sitting on the floor in R42's bathroom. R42 indicated R42 bumped R42's head and when R42 attempted to go to the bathroom. Neuro checks were started and ended after the 11:30 AM check. Staff did not complete the 12:30 PM neuro check. At 1:00 PM, R42 was found on the floor in R42's room on the right side next to R42's bed. R42 indicated R42 attempted to put R42's legs on the bed and fell to the floor. Neuro checks were started at 2:30 PM (instead of 1:00 PM). Staff completed 14 of 16 neuro checks. On 9/16/25 at 12:05 PM, Surveyor interviewed Director of Nursing (DON)-B who confirmed R42's neuro checks were started following the falls but not completed. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525325 | A. Building<br>B. Wing | 09/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bradley Estates Nursing and Rehab LLC | 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0757<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure each resident?s drug regimen must be free from unnecessary drugs.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not ensure monitoring for adverse reactions to high-risk medication was in place for 3 residents (R) (R3, R5 and R132) of 6 sampled residents.R3 was prescribed opioid and anticoagulant medication. The facility did not monitor R3 for adverse reactions to the medications.R5 was prescribed diuretic and anticoagulant medication. The facility did not monitor R5 for adverse reactions to the medications. In addition, the facility did not update R5's care plan to indicate R5 received diuretic and anticoagulant medication.R132 was prescribed antibiotic medication for osteomyelitis (a bone infection) on 9/5/25. The facility did not monitor R132 for adverse reactions to the medication.Findings include:<br><br>According to Medlineplus.gov, oxycodone may cause side effects including, but not limited to: dry mouth, stomach pain, drowsiness, flushing, headache, mood changes, changes in heartbeat, agitation, hallucinations, fever, sweating, confusion, shivering, severe muscle stiffness or twitching, loss of coordination, diarrhea, nausea, vomiting, loss of appetite, weakness, dizziness, chest pain, rash, itching, hives, difficulty breathing or swallowing, swelling of the face, mouth, tongue, lips, throat, hands, feet, ankles, or lower legs, and seizures.<br><br>According to Medlineplus.gov, apixaban may cause side effects including, but not limited to: bleeding gums, nosebleeds, red, pink, or brown urine, red or black tarry stools, coughing up or vomiting blood or material that looks like coffee grounds, swelling or joint pain, headache, rash, chest pain or tightness, swelling of the face or tongue, trouble breathing, wheezing, and feeling dizzy or faint. Apixaban prevents blood from clotting normally so it may take longer than usual to stop bleeding if you are cut or injured. The medication may also cause you to bruise or bleed more easily. Call your doctor right away if bleeding or bruising is unusual, severe, or cannot be controlled.<br><br>According to Medlineplus.gov, furosemide may cause side effects including, but not limited to: frequent urination, blurred vision, headache, constipation, diarrhea, decreased urination, dry mouth, thirst, nausea, vomiting, weakness, drowsiness, confusion, muscle pain or cramps, rapid or pounding heartbeat, ringing in the ears, loss of hearing, itching, rash, hives, blisters, peeling skin, difficulty breathing or swallowing, and yellowing of the skin or eyes.<br><br>Per the Federal Food and Drug Administration (FDA), some possible uncommon but serious side effects of doxycycline include: life-threatening allergic reaction (trouble breathing, closing of the throat, swelling of the lips, tongue, or face, and hives), blood problems (unusual bleeding or bruising), liver damage (yellowing of the skin or eyes, dark urine, nausea ,vomiting, loss of appetite, and abdominal pain), and irritation of the esophagus. Other more common, but less serious side effects, include nausea, vomiting, diarrhea, and increased sensitivity of the skin to sunlight.<br><br>The facility's Antibiotic Stewardship-Review and Surveillance of Antibiotic Use and Outcomes policy, revised 7/2016, indicates: .4. All residents' antibiotic regimens will be documented on the facility-approved antibiotic surveillance tracking form. The information gathered will include: .l. Adverse events.<br><br>1.From 9/15/25 to 9/17/25, Surveyor reviewed R3's medical record. R3 was admitted to the facility on [DATE] and had diagnoses including cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery, acute embolism and thrombosis of unspecified vein, and acute pain due to trauma. R1's Minimum Data Set (MDS) assessment, dated 7/24/25, had a Staff Interview for (continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 525325 | A. Building<br>B. Wing | 09/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Bradley Estates Nursing and Rehab LLC | 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0757<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Mental Status that indicated R3 had severe cognitive impairment.<br><br>R3's physician orders indicated R3 was prescribed the following medications:<br><br>~ Oxycodone (opioid medication) 5 milligrams (mg) every 6 hours as needed for pain, start date 4/2/24.<br><br>~ Apixaban (anticoagulant medication) 5 mg twice daily (BID) for acute embolism and thrombosis of unspecified vein, start date 4/3/24.<br><br>R3's medical record did not include monitoring for adverse reactions to oxycodone and apixaban.<br><br>On 9/17/25 at 2:28 PM, Surveyor interviewed Director of Nursing (DON)-B and Regional Nurse Consultant (RNC)-N who indicated the facility follows standards of practice to monitor for adverse reactions to opioid and anticoagulant medications. RNC-N and DON-B confirmed monitoring for adverse reactions to the medications should be in place for R3.<br><br>2. From 9/15/25 to 9/17/25, Surveyor reviewed R5's medical record. R5 was admitted to the facility on [DATE] and had diagnoses including encephalopathy, chronic systolic congestive heart failure, and paroxysmal atrial fibrillation. R5's MDS assessment, dated 8/7/25, had a Staff Interview for Mental Status that indicated R5 had moderate cognitive impairment.<br><br>R5's physician orders indicated R5 was prescribed the following medications:<br><br>~ Furosemide (diuretic medication) 40 mg via tube feeding once daily for chronic systolic congestive heart failure, start date 7/22/25.<br><br>~ Apixaban 5 mg via tube feeding twice daily for anticoagulant, start date 7/21/25.<br><br>R5's medical record did not include monitoring for adverse reactions to furosemide and apixaban and did not contain a care plan for diuretic and anticoagulant use.<br><br>On 9/17/25 at 2:28 PM, Surveyor interviewed DON-B and RNC-N who stated the facility follows standards of practice to monitor for adverse reactions to diuretic and anticoagulant medications. RNC-N and DON-B confirmed monitoring for adverse reactions to the medications should be in place for R5.<br><br>3. On 9/17/25, Surveyor reviewed R132's medical record. R132 was admitted to the facility on [DATE] and had diagnoses including osteomyelitis, cellulitis of right lower limb, and hypokalemia. R132's MDS assessment, dated 6/3/25, had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated R132 had intact cognition. R132 made R132's own healthcare decisions.<br><br>R132's medical record indicated R132 was prescribed doxycycline hyclate (antibiotic medication) for osteomyelitis. R132's medical record did not indicate R132 was monitored for adverse reactions to doxycycline.<br><br>On 9/17/25 at 12:27 PM and 1:32 PM, Surveyor interviewed DON-B who confirmed monitoring for adverse reactions to doxycycline should be in place for R132. |