

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525422	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/25/2025
NAME OF PROVIDER OR SUPPLIER Lindengrove Waukesha		STREET ADDRESS, CITY, STATE, ZIP CODE 425 N University Dr Waukesha, WI 53188	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure that 2 (R8 and R30) of 2 residents with allegations of abuse was reported to the State Survey Agency within the required reporting timeframe.</p> <p>*On 7/3/25, R8's Activated Power of Attorney (APOA) notified Director of Nursing (DON)-B that R8's wallet was missing. The facility started an investigated on 7/3/25 and submitted an initial report to the State Agency on 7/3/25, at 3:57 PM. The facility did not submit a 5-day report to the State Agency as required.</p> <p>*R30 informed Surveyor that a facility staff member, Certified Nursing Assistant (CNA)-F, yelled at R30 and made R30 scared. R30 had informed Certified Nursing Assistant (CNA)-E of the interaction between R30 and CNA-F. R30 stated that CNA-E informed R30 that CNA-E would file a complaint. CNA-E did not file a complaint and did not inform Assistant Director of Nursing (ADON)-D, Director of Nursing (DON)-B or Nursing Home Administrator (NHA)-A of R30's concern. On 9/8/25, Surveyor informed NHA-A that R30 reported to Surveyor that a facility staff member yelled at R30 and made R30 scared. NHA-A did not report this to the State Agency as an allegation of potential abuse.</p> <p>Findings include:</p> <p>The facility's policy titled "Comprehensive Abuse, Neglect, Mistreatment and Misappropriation of Resident Property Program", dated 8/28/17, last reviewed 11/8/23, documents:</p> <p>Abuse is the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by a resident, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. Abuse includes verbal abuse, sexual abuse, physical abuse and mental abuse, including abuse facilitated or enabled through the use of technology.</p> <p>Abuse Policy Requirements:</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately upon receiving a report on alleged abuse, the Executive Director, and or designee will coordinate delivery of appropriate medical and/or psychological care and attention. Ensuring safety and well-being for the vulnerable residents are of utmost priority. Safety, security and support of the resident, their roommate, if applicable and other residents with and potential to be affected will be provided.</p> <p>Reporting and Response:</p> <p>It is the policy of this facility that abuse allegations are reported per Federal and State Law. The facility will ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that caused the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that caused the allegation do not involve abuse and do not result in serious bodily injury, to the Executive Director of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. In addition, local law enforcement will be notified of any reasonable suspicion of a crime against the resident in the facility.</p> <p>External Reporting:</p> <p>Each covered resident shall report to the State Agency and one or more law enforcement entities for the political subdivision in which the facility is located, any reasonable suspicion of a crime against any resident who is a resident of or is receiving care from, the facility, and each covered resident shall report immediately, but not more than 2 hours after forming the suspicion, if the events that cause the suspicion result in serious bodily injury or not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury.</p> <p>Initial reporting of allegations: If an incident or allegation is considered reportable the Executive Director or designee will make an initial (Immediate or within 24 hours) report to the State Agency. A follow up investigation will be submitted to the State Agency within five (5) working days. When making a report, Misconduct Incident Reporting (MIR) system will be used.</p> <p>Report the results of all investigations to the Executive Director or his or her designated representative and to other officials in accordance with State law, including immediate or 24 hour reporting to the State Survey Agency, law enforcement and the follow up report to the State Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Law Enforcement: All reports of suspected crime and/or alleged sexual abuse must be immediately reported to local law enforcement to be investigated. Facility staff will fully cooperate with the local law enforcement designee.</p> <p>1.) R8 is a [AGE] year-old resident who was admitted to the facility on [DATE] with diagnoses that include dementia, anxiety, osteoporosis, macular degeneration, glaucoma, history of falls, weakness, difficulty walking, and Peripheral Vascular Disease (PVD).</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R8's Significant Change Minimum Data Set (MDS) completed 7/8/25 documents that R8 has a history of one fall with a fracture in the last month. R8 requires substantial/maximal assistance with showering, chair to bed transfers, and rolling left to right. R8 is dependent for toileting hygiene, and shower transfers. R8 was documented as having a Brief Interview for Mental Status (BIMS) score of 3, indicating that R8 is severe cognitively impaired.</p> <p>On 9/9/25, Surveyor reviewed the facility self-report for allegations of misappropriation for R8, which documents the following:</p> <p>Initial report submitted to the State Agency on 7/3/25, at 3:57 PM.</p> <p>On 7/3/25, R8's APOA reported to DON-B, R8's wallet was missing out of R8's purse.</p> <p>Social Worker (SW)-C immediately performed the facility investigation on 7/3/25.</p> <p>SW-C interviewed R8 who agreed to have SW-C search R8's room and laundry. SW-C was unable to locate R8's wallet after searching R8's room and laundry.</p> <p>Facility staff contacted local law enforcement on 7/3/25.</p> <p>Self-report Summary was signed and dated 7/8/25, by Nursing Home Administrator (NHA)-A.</p> <p>SW-C performed interviews and statements with R8, R8's APOA, 22 residents, and 5 staff members.</p> <p>Surveyor noted there is was 5-day report submitted to the State Agency as required.</p> <p>On 9/10/25, at 1:19 PM, Surveyor interviewed SW-C who indicated that she was notified on 7/3/25, by DON-B of allegations of misappropriation with R8's missing wallet. SW-C stated she started an investigation immediately on 7/3/25. SW-C states she contacted local law enforcement, and a case number was provided. SW-C states NHA-A submits self-reports to the State Agency.</p> <p>On 9/11/25, at 8:41 AM, Surveyor interviewed NHA-A who indicated he is responsible for submitting facility self-reports to the State Agency. NHA-A states he was notified of allegations of misappropriation with R8's wallet missing on 7/3/25. NHA-A states SW-C started an investigation immediately on 7/3/25. NHA-A states he submitted the initial self-report of the allegations of misappropriation of R8's wallet going missing on 7/3/25. Surveyor asked NHA-A for documentation of the 5-day self-report being submitted to the State Agency. NHA-A stated he did not submit the 5-day self-report as required. Surveyor asked why the 5-day self-report wasn't submitted to the State Agency. NHA-A replied he was submitting facility self-reports by email to the State Agency for a while but had recently switched email accounts and is now unable to locate an email confirming the 5-day report was submitted to the State Agency for the allegations of misappropriation of R8's missing wallet. NHA-A then stated his emails delete after 30 days. Surveyor notified NHA-A of concerns with the 5-day self-report not being submitted to the State Agency as required and requested additional information if available. NHA-A acknowledged these concerns.</p> <p>No additional information was provided.</p> <p>2.) R30 was admitted to the facility on [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R30's Quarterly Minimum Data Set (MDS) assessment dated [DATE] documents R30 is cognitively intact.</p> <p>On 9/8/25 at 10:44 AM, R30 informed Surveyor that about 4 to 6 weeks ago, R30 put R30's call light on. R30 stated that R30 has an electric wheelchair and wanted to know if it was plugged in or not so that R30 could use it later in the day. R30 stated that a CNA-F came in to answer the call light and started yelling at R30. R30 indicated that the CNA-F screamed that CNA-F did not have time for questions like that. R30 stated that CNA-F scared R30. R30 stated that R30 and R30's family member informed CNA-E that same day of the interaction. R30 stated that CNA-E told R30 that CNA-E would file a complaint. R30 stated that CNA-F returned to R30's room and confronted R30 and CNA-F asked R30 if R30 had put a complaint in about CNA-F. R30 stated that R30 was scared but told CNA-F that R30 did complain about CNA-F and how CNA-F screamed at R30. R30 stated that no one else from the facility talked to R30 about the interaction. R30 stated that after CNA-F screamed and scared R30, R30 never saw CNA-F again.</p> <p>Surveyor reviewed the facility reported incident files for the last 3 months and a report about this interaction between R30 and CNA-F and none was located.</p> <p>Surveyor reviewed the facility grievance log for the last 3 months and no grievance for this interaction between R30 and CNA-F and none was located.</p> <p>On 9/8/25 at 2:43 PM, Surveyor interviewed CNA-E. Surveyor asked if CNA-E recalled a time that R30 reported to CNA-E an incident of R30 being yelled at and scared of a facility employee. CNA-E stated that over a month ago, R30 and R30's family member informed CNA-E that a different staff member yelled at R30 and that R30 did not like the way R30 was talked to. CNA-E stated that at the time R30 could not remember the name of the CNA who yelled at R30. Surveyor asked if CNA-E reported the incident to anyone. CNA-E stated No. CNA-E stated that CNA-E told R30 to tell the nurse and told R30 that CNA-E could not do anything if R30 did not know the name of who it was that yelled at R30. Surveyor asked what CNA-E should do if a resident reports a different staff member yelling and making them scared. CNA-E stated that if there was a situation of abuse, CNA-E would take that seriously. CNA-E would first go to the coworker to see what happened and then go the nurse. CNA-E indicated that sometimes staff can be cranky in the morning and can short with other staff and residents. CNA-E stated that R30's interaction was not an abuse situation and CNA-E would have done something if CNA-E believed that it was abusive.</p> <p>On 9/8/25 at 2:56 PM, Surveyor informed Nursing Home Administrator (NHA)-A that R30 reported to Surveyor that about 4 to 6 weeks ago, a CNA yelled at R30 and made R30 scared. R30 reported this to CNA-E who told R30 that CNA-E would file a complaint. CNA-E did not file a complaint or grievance. R30 told Surveyor that the CNA who yelled at R30 returned to R30's room and confronted R30. R30 stated again that during that interaction R30 was scared. Surveyor asked NHA-A what NHA-A would expect staff to do if they were told by a resident that they were yelled or scared of a different facility staff. NHA-A stated that they should let the nurse, supervisor and NHA-A know and NHA-A would take it from there. NHA-A stated that the facility will go speak to R30 and follow up with CNA-E about the incident.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/9/25 at 11:01 AM, Surveyor interviewed Assistant Director of Nursing (ADON)-D. Surveyor asked if ADON-D had been informed weeks ago that R30 reported that a staff member yelled at R30. ADON-D stated that ADON-D had not heard anything about that. Surveyor asked what a staff member should do if a resident reports to a staff that a different staff member yelled at them. ADON-D stated that staff should come to one of us (management). From there, they would submit a grievance and discuss the incident with management team to see if anything further should be done.</p> <p>On 9/9/25 at 1:18 PM, Surveyor interviewed Social Worker (SW)-C. SW-C stated that SW-C spoke to R30 yesterday. SW-C stated that the CNA who yelled at R30 is no longer working for the facility. SW-C stated that SW-C did fill out a grievance for R30 regarding the incident from weeks ago. SW-C stated that NHA-A spoke to CNA-E about the incident. SW-C provided R30's grievance to Surveyor.</p> <p>R30's grievance dated 9/8/25 documents, in part: &hellip; Resident expressed concern to Surveyor regarding a verbal interaction she had with a CNA 4-6 weeks ago&hellip; Facility spoke with resident and CNA resident reported concerns to at time of incident&hellip; CNA Resident had interaction with no longer works at the facility speaking with resident. [R30] has had no further concerns regarding verbal interactions with staff. CNA that received concern educated on grievance process&hellip;</p> <p>On 9/9/25 at 1:22 PM, Surveyor spoke to NHA-A. NHA-A stated that facility staff spoke to R30 yesterday. NHA-A stated that everything is good, and this was one isolated incident. NHA-A stated that CNA-E knew who R30 was talking about (CNA-F). NHA-A stated that CNA-F no longer works for the facility. NHA-A stated that the situation should have been brought to the nurse's attention, and a staff should have followed the grievance process. NHA-A indicated that a grievance had now been filed.</p> <p>Surveyor reviewed CNA-F's employee file and noted CNA-F's last day of employment at the facility was 8/5/25.</p> <p>On 9/9/25 at 2:37 PM, Surveyor shared concern with NHA-A that Surveyor was told by R30 that a facility staff member screamed at R30 and scared R30. Surveyor shared this with NHA-A on 9/8/25 at 2:56 PM and this was not reported to the State Agency as an allegation of abuse. NHA-A stated that R30 did not report this to facility staff when they went to go speak to R30 yesterday. Surveyor informed NHA-A that R30 made the allegation of abuse to Surveyor and after Surveyor informed NHA-A, the allegation should have been reported to the State Agency.</p> <p>No additional information was provided.</p>		