

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525424	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/29/2025
NAME OF PROVIDER OR SUPPLIER  Aria of Brookfield		STREET ADDRESS, CITY, STATE, ZIP CODE  18740 W Bluemound Rd Brookfield, WI 53045	

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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38829</b></p> <p>Based on interview and record review, the facility did not ensure that a written consent explaining the risks and benefits of psychotropic medications was obtained for 1 (R26) of 3 Residents reviewed.</p> <p>* R26 was prescribed Zoloft (Sertraline), Lexapro (Escitalopram) and Remeron (Mirtazapine) for depression. R26 was also prescribed Prozac (Fluoxetine) for major depressive disorder and generalized anxiety disorder. The facility did not have a written, signed consent for the prescribed psychotropic medications including the risks and benefits to R26's activated Health Care Power of Attorney (HCPOA).</p> <p>Findings Include:</p> <p>The facility's policy Psychotropic Drug Use effective 1/11/21 documents:</p> <p>Objective: . All Residents have the right to be free from unnecessary medications imposed for the purposes of discipline or convenience and not required to treat medical symptoms. Based on a comprehensive assessment of a Resident, the facility will assure that Residents are not given psychotropic medications unless psychotropic drug therapy is necessary to treat a specific condition and Residents who use psychotropic drugs receive gradual dose reductions and behavioral interventions unless clinically contraindicated, with the ultimate goal to discontinue these drugs as appropriate.</p> <p>Policy: B. Pursuant to administering a psychotropic drug, a signed consent will be obtained.</p> <p>R26 was admitted to the facility on [DATE] with diagnoses of Hypertensive Heart and Chronic Kidney Disease with Heart Failure and with Stage 5 Chronic kidney Disease, Type 2 Diabetes Mellitus, Peripheral Vascular Disease, End Stage Renal Disease, Mild Protein-Calorie Malnutrition, Chronic Obstructive Pulmonary Disease, Acquired Absence of Left Leg Below Knee, Adjustment Disorder with Mixed Disturbance of Emotions and Conduct, Vascular Dementia, Major Depressive Disorder, and Anxiety Disorder. R26 had an activated Health Care Power of Attorney (HCPOA).</p> <p>R26's Quarterly Minimum Data Set (MDS) completed on 9/5/24 documented R26 had a Brief Interview for Mental Status (BIMS) score of 15, indicating R26 was cognitively intact. R26 had range of motion impairment on one side of lower extremity. R26's MDS also documented R26 was independent with eating. R26's MDS documented R26 required substantial/maximum assistance, set-up for upper and lower dressing, substantial/maximum assistance for mobility and dependent for transfers.</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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor reviewed R26's physician orders and noted R26 was prescribed the following medications at the facility:</p> <ul style="list-style-type: none"> <li>-Zoloft-75 mg (milligrams) one time a day for depression, initiated on 8/9/23-the medication was discontinued on 9/11/24.</li> <li>-Lexapro-20 mg one time a day for depression, initiated on 6/6/23-the facility does not have an end date documented.</li> <li>-Remeron-7.5 mg one a day for depression and appetite, initiated on 7/12/23-the facility does not have an end date documented.</li> <li>-Prozac-20 mg one time a day for major depressive disorder and generalized anxiety disorder, initiated on 9/13/24-the medication was discontinued on 11/6/24.</li> </ul> <p>Surveyor reviewed R26's electronic health record (EHR) and could not locate a signed written consent by the R26's activated HCPOA documenting the indications for use of the psychotropic medications, and the risks and the benefit of taking the medications.</p> <p>On 1/27/25, at 1:13 PM, Surveyor interviewed HCPOA-PPP via telephone. HCPOA-PPP informed Surveyor HCPOA-PPP never signed consents for the use of psychotropic medications for R26.</p> <p>On 01/28/25, at 11:07 AM, Surveyor requested evidence of signed consents by R26's activated HCPOA for Zoloft, Lexapro, Remeron, and Prozac from Director of Social Services (DOSS)-JJJ.</p> <p>DOSS-JJJ explained to Surveyor it is the responsibility of the nurse's to get consents for the medications and sometimes DOSS-JJJ will help out and get consents signed when needed.</p> <p>On 1/28/25, at 1:11 PM, Surveyor reviewed the provided consent forms. Surveyor noted Lexapro, Remeron, and Zoloft consent forms were not signed by R26's activated HCPOA.</p> <p>The facility was not able to provide any documentation of a Prozac consent.</p> <p>On 1/28/25, at 3:42 PM, Surveyor shared the concern with Nursing Home Administrator (NHA)-A, Director of Nursing (DON)-B, Nurse Consultant (NC)-EEE, Regional Director (RD)-H, and Director of Quality Assurance (DOQA)-L that a written consent explaining the risks and benefits and the indications for use of the psychotropic medication was not obtained by R26's activated HCPOA. No further information was provided by the facility at this time.</p>		

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<p>F 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38829</b></p> <p>Based on interview and record review the facility did not ensure that 4 (R22, R28, R29, R30,) of 4 Residents reviewed for a room change within the facility, were provided with prior written notice, including reason for the room change.</p> <p>*R22 transferred to another room on 1/9/25 and there is no documentation R22 received prior written notice for the reason for the transfer.</p> <p>*R28 was transferred to another room on 12/29/24 and there is no documentation R28 received prior written notice for the reason for the transfer.</p> <p>*R29 was transferred to another room on 1/5/25 and there is no documentation R29's Activated Health Care Power of Attorney (HCPOA) received prior written notice of the reason for the transfer.</p> <p>*R30 was transferred to another room on 12/15/24 and there is no documentation R30's Activated Health Care Power of Attorney (HCPOA) received prior written notice of the reason for the transfer.</p> <p>Findings include:</p> <p>The facility's policy and procedure titled, Change of Room or Roommate Policy, last revised 5/1/24 documents:</p> <p>. Policy:</p> <p>It is the policy of this facility to conduct changes to room and/or roommate assignments when considered necessary and/or when requested by the Resident or Resident representative.</p> <p>Policy Explanation and Compliance Guidelines: .</p> <p>2. Reasons for a change in room or roommate could include, but are not limited to: .</p> <p>d. If a temporary transfer is needed to make repairs or renovations. The Resident has a right to return as soon as the repairs or renovations are completed.</p> <p>4. Prior to making a room change or roommate assignment, all persons involved in the change/assignment, such as Residents and their representatives, will be given advance notice of such a change as is possible.</p> <p>5. The social service staff can assist the Resident to adjust to the new room or roommate by:</p> <p>a. Informing the Resident and family as soon as possible of the room or roommate change.</p> <p>b. Involving the Resident in the decision and selection of a room or roommate when possible.</p> <p>(continued on next page)</p>		

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<p>F 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>c. Allowing the Resident to ask questions about the move.</p> <p>d. Showing the Resident where the room is located.</p> <p>e. Introducing the Resident to his/her new roommate and sharing information about the new roommate while maintaining confidentiality regarding medical information in order to help the Resident become acquainted.</p> <p>f. Introducing the resident to the employees who will be providing care.</p> <p>g. Explaining to the Resident why the change is necessary; reassuring the Resident his/her personal possessions will be safeguarded.</p> <p>6. The Social Service designee or Licensed Nurse should inform the Resident's sponsor/family in advance of a change in the Resident's room or roommate.</p> <p>8. The facility may make an emergency change in room or roommate assignment should it become necessary for the safety, health and well-being of the Resident.</p> <p>1) R22 was admitted to the facility on [DATE] with diagnoses of Hemiplegia and Hemiparesis Following Cerebral Infarction affecting Left Non-Dominant Side, Nontraumatic Subarachnoid and Intracerebral Hemorrhage, Anemia, Chronic Kidney Disease, Stage 3, Insomnia, Vascular Dementia, Unspecified Severity, Without Behavioral Disturbance, Major Depressive Disorder, Anxiety Disorder, Attention-Deficit Hyperactivity Disorder, Alcohol Dependence, and Opiod Abuse.</p> <p>R22's Quarterly Minimum Data Set (MDS) completed 12/18/24 documents R22's Brief Interview for Mental Status (BIMS) score to be 15, indicating R22 is cognitively intact for decision making. R22's MDS also documents Patient Health Questionnaire (PHQ-9) score to be 0, indicating no depression, and no behavior concerns are documented.</p> <p>On 1/7/25, R22 moved in with R31 per request of R22 and R31.</p> <p>Surveyor reviewed R22's electronic medical record (EMR) and noted on 1/9/25, a social service note written by Director of Social Services (DOSS)-JJJ which documents, Resident moved to room [room number] today.</p> <p>Surveyor notes R22 transferred to another room on 1/9/25 and there is no documentation R22 received prior written notice of the reason for the transfer. There is documentation R22 was informed on the day of transfer the reason for the room change was related to safety concerns.</p> <p>On 1/27/25, at 10:05 AM, R22 informed Surveyor the facility just started moving R22's belongings and told R22 and R31 that R22 was moving out. R22 stated R22 was not given a reason for the room change and was not given a choice of rooms. R22 stated R22 and R31 wanted to stay together.</p> <p>(continued on next page)</p>		

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<p>F 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/28/25, at 1:11 PM, DOSS-JJJ informed Surveyor DOSS-JJJ was informed that R22 was throwing candy at R31 and threw a drawer on the ground. DOSS-JJJ stated that R22 has stated R22 was giving the candy to R31 and denied throwing the drawer stating that the drawer fell on the ground. DOSS-JJJ confirmed there is no documentation of these episodes in either R22 or R31's EMR. DOSS-JJJ confirmed that R22 was moved out of the room immediately for safety reasons and was not given advance notice or a choice of rooms. DOSS-JJJ stated that DOSS-JJJ did not feel he had to give notice or a choice in the circumstance of safety issues.</p> <p>On 1/29/25, at 1:30 PM, R22 informed Surveyor that R22 was sad about the room change because R22 is lonely.</p> <p>2) R28 was admitted to the facility on [DATE] with diagnoses of Chronic Diastolic Heart Failure, Type 2 Diabetes Mellitus, Peripheral Vascular Disease, Gout, Morbid Obesity, Chronic Kidney Disease, Stage 3, and Major Depressive Disorder.</p> <p>R28's Admission Minimum Data Set (MDS) completed 12/13/24 documents R28's BIMS score to be 14, indicating R28 is cognitively intact for daily decision making.</p> <p>R28's Electronic Medical Record (EMR) documents Director of Social Services (DOSS)-JJJ documented on 12/27/24, R28 is choosing to stay in the room R28 is currently in. On 12/29/24, R28's EMR documents R28 transferred to another room, and Surveyor notes there is no documentation as to why R28 was transferred to another room.</p> <p>On 1/28/25, at 10:44 AM, Surveyor interviewed R28 in regard to the room change. R28 stated R28 was not given a choice of rooms to move to. R28 stated R28's bed was not working.</p> <p>On 1/28/25, at 11:18 AM, DOSS-JJJ informed Surveyor DOS-JJJ is not aware of why R28 transferred rooms. DOSS-JJJ stated that DOSS-JJJ is not made aware of room changes if the transfer is an emergency.</p> <p>3) R29 was admitted to the facility on [DATE] with diagnoses of Paroxysmal Atrial Fibrillation, Unspecified Severe Protein-Calorie Malnutrition, Epilepsy, Adult Failure to Thrive, Bipolar, Vascular Dementia, Alcohol Use, Unspecified Behavioral Syndromes, Neurocognitive Disorder with Lewy Bodies, Depression, and Anxiety Disorder. R29 has an activated Health Care Power of Attorney (HCPOA).</p> <p>R29's Significant Change Minimum Data Set (MDS) completed 12/23/24 documents both short and long term memory is impaired and demonstrates severely impaired skills for daily decision making.</p> <p>R29's Electronic Medical Record (EMR) contains documentation R29 was transferred to another room due to bed malfunction.</p> <p>Surveyor notes there is no documentation R29's activated HCPOA was notified of the room change.</p> <p>4) R30 was admitted to the facility on [DATE] with diagnoses of Metabolic Encephalopathy, Thrombocytopenia, End Stage Renal Disease, Anemia, Essential Hypertension, Unspecified Dementia and Delirium. R30 has an activated Health Care Power of Attorney (HCPOA).</p> <p>R30's Quarterly Minimum Data Set (MDS) completed 12/26/24 documents R30 has both short and long term memory impairment and demonstrates severely impaired skills for daily decision making.</p> <p>(continued on next page)</p>		

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<p>F 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R30's Electronic Medical Record (EMR) contains documentation R30 transferred rooms on 12/15/24. Surveyor notes there is no documentation as to why R30 transferred rooms or that R30's activated HCPOA was notified of the room change.</p> <p>On 1/28/25, at 3:42 PM, Surveyor shared the concern with Nursing Home Administrator (NHA)-A, Director of Nursing (DON)-B, Nurse Consultant (NC)-EEE, Regional Director (RD)-H, and Director of Quality Assurance (DOQA)-L of the room changes for R22, R28, R29, and R30 had no documentation the Residents were given written notice prior to the room change, given a reason for the room change or the resident representative were informed of the room change.</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>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>20483</p> <p>Based on interview and record review the facility did not report 1 (R24) of 2 incidents to the State survey agency and/or Nursing Home Administrator during the required timeframe.</p> <p>On 1/27/25 R24 reported to Surveyor yesterday during the 3rd shift CNA-SSS told R24 to pee &amp; poop in her diaper, refused to place R24 on the bed pan as requested and walked out of R24's room. R24 reported this incident to CNA-TTT. CNA-TTT did not report this allegation and when Surveyor asked NHA-A about this incident, NHA-A was unaware.</p> <p>Findings include:</p> <p>The facility's policy titled Abuse Prevention Program, not dated under the section IV. Internal Reporting Requirements and Identification of Allegations documents, Employees are required to report any incident, allegation or suspicion of potential abuse, neglect, exploitation, mistreatment or misappropriation of resident property they observe, hear about, or suspect to the administrator immediately, to an immediate supervisor who must then immediately report it to the administrator or to a compliance hotline or compliance officer. In the absence of the administrator, reporting can be made to an individual who has been designated to act in the administrator's absence Supervisors shall immediately inform the administrator or person designated to act in the administrator's absence of all reports of incidents, allegations or suspicion of potential abuse, neglect, exploitation, mistreatment or misappropriation of resident property. Upon learning of the report, the administrator or a designee shall initiate an incident investigation.</p> <p>Section VII External Reporting documents 1. Initial Reporting of Allegations. When an allegation of abuse, exploitation, neglect, mistreatment or misappropriation of resident property has been made, the administrator, or designee, shall complete and submit a DQA (Division Quality Assurance) form F-62617, notifying DQA that an occurrence of potential abuse, neglect, exploitation, mistreatment or misappropriation of resident property has been reported to the administrator and is being investigated. The report shall be made immediately. The term immediately as it is used in this policy in relation to reporting abuse, neglect, exploitation, mistreatment, misappropriation of resident property, and suspicion of a crime shall be defined as, following management of the immediate risk to the resident or residents, including the administration of necessary medical attention, and establishing the safety of the resident or residents involved or not later than two 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 suspicion do not result in serious bodily injury.</p> <p>R24's quarterly MDS (minimum data set) with an assessment reference date of 1/14/25 has a BIMS (brief interview mental status) score of 15 which indicates cognitively intact.</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 1/27/25, at 3:32 p.m., Surveyor observed R24 in bed towards her left side. Surveyor asked R24 how things were at the facility. R24 informed Surveyor yesterday on third shift she wanted to be put on a bed pan due to the diarrhea she was having and the CNA (Certified Nursing Assistant) told her to pee &amp; poop in her diaper. R24 informed Surveyor the CNA did not put her on the bed pan, actually walked out, and never came back. R24 informed Surveyor most people know I don't like to pee or poop in my diaper. R24 informed Surveyor she placed her call light on and another CNA came in. Surveyor asked R24 if she remembered the names of the CNAs. R24 informed Surveyor she doesn't remember the name of the bad CNA, the CNA who told her to pee &amp; poop in the diaper but the good CNA was [nickname for CNA-TTT]. R24 informed Surveyor nickname for CNA-TTT came in. Surveyor asked R24 if she told CNA-TTT's nickname that the bad CNA told her to pee &amp; poop in her diaper, did not put her on the bedpan and walked out. R24 replied yes and CNA-TTT's nickname said I'm sorry. Surveyor asked R24 if CNA-TTT's nickname put her on the bed pan. R24 replied yes. Surveyor checked the nursing schedule and noted the other CNA was CNA-SSS.</p> <p>On 1/27/25, at 4:04 p.m., Surveyor asked NHA (Nursing Home Administrator)-A if anyone reported anything to her regarding R24. NHA-A replied no. Surveyor then asked NHA-A if any allegations were reported to her regarding R24. NHA-A replied definitely not. Surveyor asked NHA-A if she would expect staff to report an allegation of neglect. NHA-A replied yes definitely and explained then she would look to see what happened. Surveyor asked NHA-A if a resident reported an allegation to CNA-TTT, would she expect CNA-TTT to report this allegation. NHA-A replied yes. Surveyor then reported to NHA-A R24 had reported to Surveyor yesterday on the night shift CNA-SSS told R24 to pee &amp; poop in her diaper, did not place her on the bedpan as R24 requested and walk out. R24 informed CNA-TTT of this allegation when CNA-TTT when into R24's room.</p> <p>On 1/28/25, at 12:27 p.m. NHA-A informed Surveyor regarding what Surveyor had reported to her yesterday, she spoke with R24 and got her statement. NHA-A informed Surveyor R24 told her the same story Surveyor had reported yesterday and she did report to the State Agency.</p> <p>No additional information was provided to Surveyor as to why an allegation of neglect was not immediately reported to NHA-A.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>20483</p> <p>The facility did not ensure in response to 1 (R24) of 2 allegations of abuse, and/or neglect the facility prevented further potential abuse.</p> <p>On 1/27/25, R24 reported to Surveyor yesterday during the 3rd shift CNA-SSS told R24 to pee &amp; poop in her diaper, refused to place R24 on the bed pan as requested and walked out of R24's room. R24 reported this incident to CNA-TTT. CNA-TTT did not report this allegation, which allowed CNA-SSS to continue to provide resident care during the rest of the shift until 6:30 a.m.</p> <p>Findings include:</p> <p>The facility's policy titled Abuse Prevention Program and not dated under the section V Protection of Residents documents Employees of this facility who have been accused of abuse, neglect, exploitation, mistreatment or misappropriation of resident property will be removed from resident contact immediately. The employee shall not be permitted to return to work until the results of the investigation have been reviewed by the administrator and it is determined that any allegation of abuse, neglect, exploitation, mistreatment or misappropriation of resident property is unsubstantiated. Under section VI. Internal Investigation documents 2. Any incident or allegation involving abuse, neglect, exploitation, mistreatment or misappropriation of resident property will result in an investigation.</p> <p>On 1/27/25, at 3:32 p.m., Surveyor observed R24 in bed towards her left side. Surveyor asked R24 how things were at the facility. R24 informed Surveyor yesterday third shift she wanted to be put on a bed pan due to the diarrhea she was having and the CNA (Certified Nursing Assistant) told her to pee &amp; poop in her diaper. R24 informed Surveyor the CNA did not put her on the bed pan, actually walked out, and never came back. R24 informed Surveyor most people know I don't like to pee or poop in my diaper. R24 informed Surveyor she placed her call light on and another CNA came in. Surveyor asked R24 if she remembered the names of the CNAs. R24 informed Surveyor she doesn't remember the name of the bad CNA, the CNA who told her to pee &amp; poop in the diaper but the good CNA was [nickname for CNA-TTT]. R24 informed Surveyor nickname for CNA-TTT came in. Surveyor asked R24 if she told CNA-TTT's nickname that the bad CNA told her to pee &amp; poop in her diaper, did not put her on the bedpan and walked out. R24 replied yes and CNA-TTT's nickname said I'm sorry. Surveyor asked R24 if CNA-TTT's nickname put her on the bed pan. R24 replied yes. Surveyor checked the nursing schedule and noted the other CNA was CNA-SSS.</p> <p>On 1/27/25, at 4:04 p.m., Surveyor asked NHA (Nursing Home Administrator)-A if anyone reported anything to her regarding R24. NHA-A replied no. Surveyor then asked NHA-A if any allegations were reported to her regarding R24. NHA-A replied definitely not. Surveyor asked NHA-A if she would expect staff to report an allegation of neglect. NHA-A replied yes definitely and explained then she would look to see what happened. Surveyor asked NHA-A if a resident reported an allegation to CNA-TTT, would she expect CNA-TTT to report this allegation. NHA-A replied yes. Surveyor then reported to NHA-A R24 had reported to Surveyor yesterday on the night shift CNA-SSS told R24 to pee &amp; poop in her diaper, did not place her on the bedpan as R24 requested and walk out. R24 informed CNA-TTT of this allegation when CNA-TTT when into R24's room.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Aria of Brookfield		STREET ADDRESS, CITY, STATE, ZIP CODE  18740 W Bluemound Rd Brookfield, WI 53045	
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F 0610  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	On 1/28/25, at 12:27 p.m. NHA-A informed Surveyor regarding what Surveyor had reported to her yesterday, she spoke with R24 and got her statement. NHA-A informed Surveyor R24 told her the same story Surveyor had reported yesterday. NHA-A informed Surveyor they started their investigation, removed the staff member from patient care areas, called the police and educated staff.		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38829</p> <p>Based on interview and record review, the facility did not develop and implement a comprehensive person-centered care plan for 1 (R27) of 9 Residents reviewed.</p> <p>*On 12/13/24, R27 has a Patient Health Questionnaire (PHQ-9) score of 14, indicating moderate depression. R27 is prescribed Doxepin for depression, anxiety, and sleep and Trazadone for depression. R27 does not have a mood/psychosocial needs care plan in place with person centered interventions.</p> <p>Findings include:</p> <p>The facility's policy and procedure titled, Comprehensive Care Plan, last revised 5/1/24 documents:</p> <p>Policy:</p> <p>. It is the policy of the facility to promote seamless interdisciplinary care for our Residents by utilizing the interdisciplinary plan of care based on assessment, planning, treatment, service, and intervention. It is used to plan for and manage Resident care as evidenced by documentation from admission through discharge for each Resident. The care plan will identify priority problems and be addressed by the interdisciplinary team, and reflect the Resident's strengths, limitations, and goals. The care plan will be complete, current, realistic, time-specific, and appropriate to each Resident's individual needs. There will be ongoing documentation of the nursing process related to Resident needs from admission to discharge. The interdisciplinary care plan will be developed through the interdisciplinary team's collaborative efforts and other health care professionals. It will be consistent with the medical plan of care and those disciplines that directly involve the Resident's care.</p> <p>The care plan will contain information about the physical, emotional/psychological, psychosocial, spiritual, educational, and environmental needs as appropriate.</p> <p>Our purpose is to ensure that each Resident is provided with individualized, goal-directed care, which is reasonable, measurable, and based on Resident needs. A Resident's care should have the appropriate intervention and provide a means of interdisciplinary communication to ensure continuity in Resident care.</p> <p>Procedure: .</p> <p>2. The facility must develop and implement a comprehensive person-centered care plan for each Resident. The care plan must include measurable objectives and timeframe's to meet a Resident's medical, nursing, and mental and psychosocial needs identified in the comprehensive assessment.</p> <p>Developing the Care Plan: .</p> <p>2. Each discipline will check or add expected outcomes and goals. Expected outcomes describe the realistic short-range goals to be achieved by the Resident within a specific time frame.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Updating Care Plans:</p> <p>1. Care plans are modified between the care plan conference when appropriate to meet the Resident's current needs, problems, and goals.</p> <p>R27 was admitted to the facility on [DATE] with diagnoses of Adult Failure to Thrive, Dependence on Renal Dialysis, Major Depressive Disorder, and Generalized Anxiety Disorder.</p> <p>R27's Admission Minimum Data Set (MDS) completed 12/13/24 documents R27's Brief Interview for Mental Status (BIMS) score to be 15, indicating R27 is cognitively intact for daily decision making. R27's MDS also documents R27 requires set-up for eating, dependent for transfers and sit to lying mobility, supervision for upper body dressing and substantial/maximum assistance for lower body dressing. R27 has range of motion impairment on one side of lower extremity. R27's MDS also documents a Patient Health Questionnaire (PHQ-9) score of 14, indicating moderate depression.</p> <p>R27's Mood Care Area Assessment (CAA) completed 12/13/24 documents R27 triggered for Mood Status problem area related to expressing little interest or pleasure in doing things. The CAA indicates R27's mood state will be addressed in the care plan. The CAA documents plan of care initiated for continuing to monitor R27's mood status. Implementation to include providing support and allowing her to express needs and concerns in place.</p> <p>R27's current physician orders document R27 is prescribed Doxepin 25 mg (milligrams), 1 capsule one time a day for depression, anxiety, and sleep and Trazadone 50 mg 1 tablet one time a day for depression.</p> <p>Surveyor reviewed R27's electronic medical record (EMR) and notes R27 has been treated by psychologist since 12/11/24.</p> <p>Surveyor reviewed R27's comprehensive care plan. Surveyor notes R27 does not have a mood/psychosocial care plan in place with person centered interventions to address R27's mood/psychosocial issues.</p> <p>On 1/29/25, at 11:17 AM, Surveyor interviewed Social Services Director (SSD)-JJJ in regard to care plans. SSD-JJJ confirmed SSD-JJJ is responsible for completing sections of a Resident's person-centered care plan. SSD-JJJ initiates care plan targeted problems based on the sections of the MDS SSD-JJJ completed. SSD-JJJ stated it is typically mood, behavior, and discharge planning targeted problems of the comprehensive care plan. SSD-JJJ stated a Resident care plan should be updated as needed and based on Resident preferences.</p> <p>On 1/29/25, at 12:25 PM, Surveyor spoke with R27. R27 informed Surveyor R27 feels sad all the time and is being treated by a therapist. R27 does not recall receiving a copy of a care plan with goals and interventions outlined.</p> <p>On 1/29/25, at 2:41 PM, Surveyor shared the concern with Nursing Home Administrator (NHA)-A, Director of Nursing (DON)-B, Nurse Consultant (NC)-EEE, Regional Director (RD)-H, and Director of Quality Assurance (DOQA)-L that R27 does not have a person-centered mood/psychosocial care plan implemented including goals and interventions. No further information was provided by the facility at this time.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 20483</p> <p>UNCORRECTED AT VERIFICATION VISIT. See SOD for Event ID YSN212.</p> <p>Based on interview and record review, the facility did not ensure residents who are unable to carry out activities of daily living receive the necessary services to maintain good grooming for 2 (R25 and R27) of 5 residents reviewed for ADLs (Activity of Daily Living).</p> <p>* On 1/27/25, R25 was not provided with incontinence cares for approximately five hours and a large yellowish-brown urine stain was observed on R25's sheet.</p> <p>* R27 did not receive 4 showers since her admitted , 12/6/24.</p> <p>Findings include:</p> <p>The facility's policy titled, Activities of Daily Living and dated 1/1/23 under Policy Statement documents: It is the policy of the facility to specify the responsibility to create and sustain an environment that humanizes and individualizes each resident's quality of life by ensuring all staff, across all shift and departments, understand the principles of quality of life, and honor and support these principles for each resident; and that the care and services provided are person-centered, and honor and support each resident's preferences, choices, values and beliefs. Under Procedures documents: 4. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>1.) R25's diagnoses include hemiplegia and hemiparesis following cerebral infarction affecting left non dominant side, hypertension, morbid obesity, chronic kidney disease, anxiety disorder, and depression.</p> <p>R25's bladder incontinence care plan initiated and revised 10/11/22 documents the following interventions: * BRIEF USE: The resident uses disposable briefs. Change Q2-3hrs (every two-three hours) and prn (as needed). Initiated &amp; revised 10/11/22. * Clean peri-area with each incontinence episode. Initiated 10/11/22. * Incontinence brief to remain open in front. Do not secure. Initiated 1/25/25. * Monitor/document for s/sx (signs/symptoms) UTI (urinary tract infection): pain, burning, blood tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temp (temperature), urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, change in eating patters. Initiated 10/11/22.</p> <p>The Functional Abilities (Self-Care and Mobility) CAA (care area assessment) dated 5/16/24 under analysis of findings for nature of the problem/condition documents: Due to [R25's first name] history of a CVA (cerebrovascular accident), she has Hemiparesis and Hemiplegia on one side. She requires total assistance with toileting hygiene, showering/bathing, chair/bed transfers, lower body dressing, and wheelchair locomotion. She needed substantial assistance with upper body dressing, personal hygiene, and bed mobility. She requires set up help with eating and oral hygiene. She did not ambulate during the look back period.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Urinary Incontinence and Indwelling Catheter CAA dated 5/16/24 under analysis of findings for nature of the problem/condition documents: [R25's first name] was frequently incontinent of her bladder during the look back period. She has a diagnosis of CKD (chronic kidney disease) Stage 3 and Retention of Urine. She requires total assistance with her toileting hygiene needs.</p> <p>R25's quarterly MDS (minimum data set) with an assessment reference date of 11/14/24 documents R25 has a BIMS (Brief Interview for Mental Status) score of 15 which indicates intact cognition. R25 is assessed as not having any behavioral concerns including refusal of cares. R25 is assessed as being dependent for toileting hygiene and toilet transfer, and substantial/maximal assistance for rolling left and right. R25 is assessed as being occasionally incontinent of urine and frequently incontinent of bowel.</p> <p>R25's Visual/Bedside Kardex Report as of 1/27/25 under the section Resident Care documents: * Encourage to use CPAP (Continuous Positive Airway Pressure) at night, CPAP. * Explain all procedures to the resident before starting and allow the resident time to adjust to changes. * Implement Enhanced Barrier Precaution. * Incontinence brief to remain open in front. Do not secure. * Turn and Reposition. Under the Toileting section documents: * TOILET USE: The resident requires total assistance by 1-2 staff for toileting.</p> <p>The nurses note dated 1/27/25 at 05:49 (5:49 a.m.) documents: Resident arrived back via [Name] ambulance @ (at) 0518H (5:18 a.m.), new order for cephelexin 500 mg (milligrams) po (by mouth) qid (four times daily) for 7 days. No concerns currently.</p> <p>On 1/27/25 at 10:02 a.m., Surveyor observed R25 in bed towards the right side covered with a blue comforter. Surveyor asked R25 if staff have washed her up this morning. R25 replied not yet. Surveyor asked R25 if staff have changed her incontinence product this morning. R25 replied not yet and stated I'm a big girl, takes 3 or 4, referring to the number of staff.</p> <p>On 1/27/25 at 10:21 a.m., CNA (Certified Nursing Assistant)-VVV entered R25's room. Surveyor asked CNA-VVV what she was going to do. CNA-VVV replied wash her up. CNA-VVV then explained she's waiting for the others. CNA-VVV informed Surveyor she was going to make sure they know I'm ready and left R25's room with gloves on.</p> <p>At 10:26 a.m., CNA-VVV returned to R25's room stating two CNAs are coming to help.</p> <p>At 10:27 a.m., Scheduler-O entered R25's room, washed her hands, and placed gloves on. CNA-VVV removed R25's blue comforter, and Scheduler-O placed a wash basin on R25's over bed table.</p> <p>At 10:31 a.m., CNA-Y entered R25's room, washed her hands, and placed gloves on. Scheduler-O placed a sheet over R25's gown, asked R25 if she wanted to wash her own face and handed R25 a wash cloth. The head of R25's bed was lowered and Scheduler-O informed R25 she was going to wash her upper body. R25's gown was removed, Scheduler-O washed R25's right upper body while CNA-VVV started to wash R25's left upper body. Scheduler-O asked R25 if she was in pain. R25 replied ya. Scheduler-O asked R25 if she received her pills. R25 replied no, I didn't see the nurse this morning. Scheduler-O informed CNA-VVV and CNA-Y to stop. Scheduler-O removed her gloves, washed her hands, and left R25's room.</p> <p>At 10:43 a.m., Scheduler-O returned to R25's room, washed her hands, placed gloves on, and stated she's coming.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>At 10:45 a.m., LPN (Licensed Practical Nurse)-II entered R25's room and administered medication to R25.</p> <p>At 10:46 a.m., Scheduler-O and CNA-VVV finished washing R25's upper body. Scheduler-O stated to R25, going to cross your leg then stated let me do your front first. Scheduler-O washed under R25's abdominal fold, CNA-VVV and CNA-Y opened R25's legs and Scheduler-O washed R25's frontal perineal area. R25's right leg was crossed over to the left and staff positioned R25 on the left side. Surveyor observed the sheet under R25 had a large yellowish brown urine stain and the incontinence product contained urine. Surveyor asked Scheduler-O if that's a urine stain on the sheet. Scheduler-O replied yes. Scheduler-O washed R25's back and buttocks. Scheduler-O placed a sheet on the bed and had R25 roll onto her back. CNA-VVV, Scheduler-O, and CNA-Y positioned R25 on the right side, CNA-Y washed R25's buttocks and the incontinence product was removed.</p> <p>At 10:59 a.m., Surveyor asked if this is the first time cares have been done this shift. CNA-VVV replied yes. CNA-Y placed a fitted sheet on the left side of the mattress along with a bath blanket for a draw sheet and an incontinence product was placed under R25. R25 rolled on to her back, a gown and deodorant was placed on R25. CNA-VVV, Scheduler-O, and CNA-Y positioned R25 on the left side and the fitted sheet was placed on the right side of the bed. R25 rolled onto her back. R25 stated I feel and smell better.</p> <p>On 1/27/25 at 1:20 p.m., Surveyor telephoned CNA-TTT to inquire if she provided any cares to R25 after she returned from the hospital (1/27/25 at 5:11 AM) until her shift ended at 6:30 a.m. Surveyor left a message but CNA-TTT did not return Surveyor's call.</p> <p>On 1/27/25 at 1:22 p.m., Surveyor spoke with CNA-SSS on the telephone. CNA-SSS informed Surveyor she never went in R25's room after R25 returned from the hospital.</p> <p>On 1/28/25 at 10:48 a.m., Surveyor met with DON (Director of Nursing)-B to discuss R25. Surveyor asked DON-B how often staff should be providing incontinence cares to R25. DON-B informed Surveyor every couple hours and as needed. DON-B indicated she knows R25 is incontinent and can get anxious. DON-B informed Surveyor staff need help to change her. Surveyor informed DON-B R25's care plan indicates R25 should be checked and changed every two to three hours. DON-B informed Surveyor that is customary for a lot of residents. Surveyor informed DON-B R25 was not provided with incontinence cares for approximately five hours on 1/27/25 and there was a large yellowish brown urine stain on the sheet under R25.</p> <p>On 1/28/25 at 3:32 p.m., NHA (Nursing Home Administrator)-A was informed of the above. No additional information was provided to Surveyor as to why R25 was not provided with cares according to the care plan or why there was the large yellowish brown urine stain on R25's sheet.</p> <p>38829</p> <p>The facility's policy and procedure titled, Bathing Policy, dated 3/1/21 documents:</p> <p>Policy:</p> <p>.It is the policy of this facility to provide Residents with a bath or shower in order to cleanse the skin, observe the skin, increase circulation, and prevent infection.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Guidelines:</p> <p>1. All Residents are offered a bath or shower at least once a week or per Resident's preference.</p> <p>4. Documentation of the Resident's shower or bath must be completed. If the Resident refuses the shower/bath, the nurse needs to be informed for reapproach. If the Resident continues to refuse, the refusal must be documented by the licensed nurse.</p> <p>2) R27 was admitted to the facility on [DATE] with diagnoses of Type 2 Diabetes Mellitus, Paroxysmal Atrial Fibrillation, Morbid Obesity, End Stage Renal Disease, Adult Failure to Thrive, Dependence on Renal Dialysis, Major Depressive Disorder, and Generalized Anxiety Disorder.</p> <p>R27's Admission Minimum Data Set (MDS) completed 12/13/24 documents R27's Brief Interview for Mental Status (BIMS) score to be 15, indicating R27 is cognitively intact for daily decision making. R27's MDS also documents R27 requires set-up for eating, dependent for transfers and sit to lying mobility, supervision for upper body dressing and substantial/maximum assistance for lower body dressing. R27 has range of motion impairment on one side of lower extremity. R27's MDS also documents a Patient Health Questionnaire (PHQ-9) score of 14, indicating moderate depressive symptoms. R27's MDS documents it is very important for R27 to choose between a tub, shower, bed bath, or sponge bath.</p> <p>On 1/28/25 at 3:13 PM, R27 informed Surveyor R27's shower days are Tuesday mornings and Friday afternoons. R27 stated R27 was never informed what R27's shower days were until R27 asked. R27 stated R27 has received 3 showers since admission on 12/6/24 and refused one time. R27 stated R27 received a shower on Christmas Eve, last Friday, and the Friday before. R27 stated Director of Nursing (DON)-B told R27 when R27 expressed concern about not receiving showers that R27 was refusing showers and DON-B informed R27 I know what I know. R27 informed Surveyor that R27 did not receive a shower today. R27 stated that R27 prefers showers versus bed baths.</p> <p>Surveyor reviewed all R27's documentation of showers. Based on documentation, R27 did not receive showers on 12/10/24, 12/13/24, 12/17/24, 1/3/25, 1/10/25, 1/17/25, 1/24/25, and 1/28/25. The facility was unable to provide documentation showing R27 refused a shower on these dates or was reapproached to shower.</p> <p>On 1/29/25 at 9:33 AM, Surveyor interviewed Assistant Director of Nursing (ADON)-C in regard to showers. ADON-C stated documentation of showers should be completed the day the shower is received and documentation of refusals should be documented as well. A body skin check is completed. ADON-C stated ADON-C prefers shower sheets be filled out so ADON-C can collect them on a daily basis. ADON-C stated if it is entered in the computer instead, ADON-C would be happy with that. If a resident refuses, the nurse should touch base as to why a resident refuses and the shower should be offered the next day. ADON-C informed Surveyor ADON-C has been completing shower audits.</p> <p>On 1/29/25 at 10:01 AM, Licensed Practical Nurse (LPN)-I stated R27 has never expressed that R27 does not like showers. LPN-I informed Surveyor if R27 has refused a shower, it is because it is the time of day and R27 is tired.</p> <p>On 1/29/25 at 12:25 PM, R27 confirmed that R27 did not receive a shower today.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/29/25 at 1:25 PM, Surveyor interviewed Certified Nursing Assistant (CNA)-HHH via telephone. CNA-HHH confirmed CNA-HHH was assigned to R27 on 1/28/25 and 1/29/25. CNA-HHH stated they gave R27 a bed bath today, 1/29/25. CNA-HHH stated CNA-HHH was very busy yesterday, 1/28/25 and kept getting pulled to help out on other units. CNA-HHH stated when CNA-HHH finally returned to R27, R27 was receiving therapy in the room and then it was time for CNA-HHH to go home. CNA-HHH confirmed CNA-HHH did not give a shower to R27 on 1/28/25.</p> <p>On 1/29/25, at 2:41 PM, Surveyor shared the concern with Nursing Home Administrator (NHA)-A, Director of Nursing (DON)-B, Nurse Consultant (NC)-EEE, Regional Director (RD)-H, and Director of Quality Assurance (DOQA)-L that R27 has only received 4 showers since admission 12/6/24 per facility documentation. The facility provided no further information as to why R27 did not receive showers on scheduled shower days on a consistent basis since admission on 12/6/24.</p>		

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NAME OF PROVIDER OR SUPPLIER  Aria of Brookfield		STREET ADDRESS, CITY, STATE, ZIP CODE  18740 W Bluemound Rd Brookfield, WI 53045	
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50700</p> <p>UNCORRECTED AT VERIFICATION VISIT. See SOD for Event ID YSN212.</p> <p>Based on observation, interview, and record review, the facility did not ensure the safety of 3 of 5 residents (R15, R23, R30) reviewed for accidents, or that each resident received adequate supervision and assistance devices to prevent accidents.</p> <p>*R15 is at high risk for falls. R15's care plan interventions were not placed on the Certified Nursing Assistant (CNA)'s Kardex during surveyor's observations. During record review of falls and staff interviews, the care plan interventions for falls for R15 were not in place post fall on 1/15/2025.</p> <p>*R23 had orders for supervision with meals. Observation by surveyor of R23 not being supervised with meals. R23's care plan, Kardex and meal ticket all instructed supervision.</p> <p>*R30 A thorough investigation was not conducted by the facility for R30's fall with injury on 1/15/25.</p> <p>Findings include:</p> <p>The facility policy titled Fall Policy dated: reviewed on 7/17/2024 which documents:</p> <p>POLICY STATEMENT: All residents will receive adequate supervision, assistance, and assistive devices to prevent falls. Each resident will be evaluated for safety risks, including falls and accidents. Care plans will be created and implemented based on the individual's risk factors to aid in preventing falls. All falls are to be investigated and monitored.</p> <p>PROCEDURE:</p> <p>1. INVESTIGATIVE GUIDELINES: .</p> <p>g. Obtain detailed statements from ANY [sic] witnesses.</p> <p>2. Quality Assurance Guidelines:</p> <p>a. Review Incident report for completeness</p> <p>b. Complete Investigative Report</p> <p>c. Take the incident to Stand up meeting for review and care plan review .</p> <p>e. The care plan is to be updated with any new interventions .</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>h. The Interdisciplinary Plan of Care (IPOC) team will meet within the same period and discuss the causative factors, interventions to prevent another fall, make therapy referral as necessary, and revise the care plan if necessary .</p> <p>1.) R15's diagnoses include hemiplegia &amp; hemiparesis following unspecified cerebrovascular disease affecting left dominate side, left above knee amputation, diabetes mellitus, seizure disorder, bipolar disorder, and vascular dementia. R15's power of attorney for healthcare was activated on 9/26/22.</p> <p>R15's quarterly MDS (minimum data set) with an assessment reference date of 12/31/2024, had a BIMS (brief interview mental status) score of 14 which indicates that R15 is cognitively intact. R15 is assessed as not having any behaviors. R15 is assessed as being independent for rolling left and right and requires partial/moderate assistance for chair/bed to chair transfer &amp; toilet transfer. R15 is assessed as always being incontinent of urine and bowel.</p> <p>R15's fall risk assessment completed on 1/21/2025 documents a score of 16, which indicates high risk for falls.</p> <p>R15's risk for falls care plan initiated 10/3/2022 &amp; revised 12/18/2024 documents the following pertinent revision intervention: Keep bed at transfer height.</p> <p>On 1/27/25, Surveyor reviewed a fall report that occurred on 1/15/2025. The fall report indicated that licensed practical nurse (LPN)-CCC documented a low bed as an intervention that was in place at the time of R15's fall.</p> <p>Surveyor reviewed that R15's care plan and noted a fall intervention was to keep bed at transfer height. The above intervention was entered into the care plan on 12/18/2025. Surveyor reviewed the fall packet from 1/15/2025 and noted that the transfer height intervention was documented as not being followed.</p> <p>On 1/27/2025, at 9:46 AM, Surveyor interviewed LPN-G and asked to view the Kardex to see fall interventions for R15. Surveyor observed the certified nursing assistant (CNA) Kardex for 2 west, a printed paper that was located at the nurse's station. The Kardex included fall interventions in place under the falls section. The fall device list for R15 included: Floor pad to wall and mat to side of bed, Call don't fall sign, soft touch call light, up for meals, snacks and wheelchair within reach and place markers floor mat and wheelchair [SIC].</p> <p>On 1/27/2025, at 12:48 PM, Surveyor interviewed CNA-V who stated the printed CNA Kardex is where information about resident cares is located. Surveyor received a copy of the printed Kardex from CNA-V and Surveyor reviewed the Kardex. CNA-V said that the information for accident prevention would be on the printed Kardex.</p> <p>Surveyor reviewed the full paper Kardex and no documentation of the height of the bed was observed printed on the Kardex.</p> <p>On 1/27/2025, at 12:52 PM, Surveyor interviewed Director of Quality Assurance-L, who stated that when new orders are received for any residents, the facility would update the Kardex right away.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/27/2025, at 1:48 PM, Surveyor interviewed LPN-CCC related to the fall that occurred on 1/15/2025. LPN-CCC remembers R15's fall and intervention's that were in place at the time of the fall. LPN-CCC listed one of the interventions as low bed observed during the investigation. LPN-CCC stated the bed level when she entered the room post fall was low. LPN-CCC stated she was not positive of the bed level prior to the fall but after the fall it was low.</p> <p>On 1/28/2025, at 2:07 PM, Surveyor informed Nursing Home Administrator (NHA)-A of the above concern involving fall interventions not being listed on the Kardex, and the fall report interventions dated 1/15/2025. Surveyor asked for any additional information from NHA-A.</p> <p>On 1/28/2025, at 3:14 PM, Surveyor informed NHA-A, Director of Nursing (DON)-B, Regional Director-H, Assistant Director of Nursing (ADON)-C, Director of Quality Assurance-L and Nurse Consultant-EEE of the above findings. Surveyor explained the concern that the paper Kardex does not have fall intervention that included bed at transfer level. Nurse Consultant-EEE explained, the CNA Kardex on the computer had the intervention in place and this is what staff would be utilizing and not the printed Kardex. Surveyor also stated the concern with the fall that occurred on 1/15/2025. Surveyor explained that the nurse LPN-CCC stated during phone interview with surveyor that the bed was in low position post fall that day. Surveyor also explained that in the fall packet that was reviewed by surveyor from above mentioned fall, it was documented, low bed as an intervention in place. x</p> <p>On 1/29/2025, at 7:44 AM, Surveyor interviewed CNA-W, who stated the printed Kardex located at the nurse's station is what CNA's use to complete resident cares. CNA-W informed surveyor that information like transfer status and fall risk for residents would be located on that paper Kardex.</p> <p>On 1/29/2025, at 7:46 AM, Surveyor interviewed CNA-FFF, who stated the printed Kardex located at the nurse's station is what is utilized for resident information. CNA-FFF brought surveyor to the nurse's station and gave surveyor a copy of the printed Kardex which now had fall interventions for R15 which included bed level on the Kardex sheet. CNA-FFF said information on interventions for falls would be on this paper Kardex and this is what CNAs follow for resident cares.</p> <p>On 1/29/2025, at 7:54 AM, Surveyor interviewed CNA-GGG, who stated the printed Kardex located at the nurse's station is what we use for resident cares. CNA-GGG informed Surveyor that fall interventions that are used to keep residents safe are on these printed Kardex's.</p> <p>On 1/29/2025, at 7:56 AM, Surveyor interviewed CNA-HHH, who stated the printed Kardex located at the nurse's station was what CNA's use for resident cares. CNA-HHH stated there was also a Kardex in the computer with fall interventions on them we can use. CNA-HHH stated the electronic Kardex takes time to load and bring up, so we use the paper Kardex for cares and interventions more than the electronic one.</p> <p>On 1/29/2025, at 2:41 PM, Surveyor informed, Nursing Home Administrator (NHA)-A, Director of Nursing (DON)-B, Regional Director-H, Director of Quality Assurance-L and Nurse Consultant-EEE of the above findings.</p> <p>No additional information was provided.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2.) R23's diagnoses include hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side, aphasia, dysarthria, dysphasia, facial weakness, and gastrostomy.</p> <p>R23's admission MDS (Minimum Data Set) with an assessment reference date of 11/13/2024, had a BIMS (Brief Interview for Mental Status) score of 15, which indicates that R23 is cognitively intact. R23's functional abilities and goals section under eating has a score of 3 that indicated partial/moderate assist with eating.</p> <p>R23's care plan interventions for alteration in nutrition documents: Provide, serve diet as ordered, texture upgrade on 1/23/2025, from mechanical soft to regular diet. R23's above mentioned care plan documented registered dietitian to evaluate and make diet change recommendations as needed. Under R23's cerebral vascular accident care plan dated 11/18/2024, under the focus area, it had intervention of: Monitor/document ability to chew and swallow. If resident is presenting with problems, obtain order for speech therapy to evaluate and treat.</p> <p>R23's Kardex report states under eating/nutrition *Eating: Assist slowly with meals, small bites, small sips of liquid between bites, monitor for choking.</p> <p>R23's Therapy to nursing communication form dated 1/23/25 documents under Eating: extensive assist of 1. Enhance rehabilitation form with a date of: 1/23/2025 was reviewed by Surveyor and trial of regular textured diet and thin liquids documented as tolerating trial and upgrade to regular solids.</p> <p>Surveyor reviewed Certified Nursing Assistant (CNA) documentation in the electronic medical record for R23. In above mentioned record review, for January the CNAs documented independent feedings for 16 out of the 25 days that were reviewed. Under independent section it states: No help or staff oversight at any time. Surveyor noted that this was contrary to the interventions requiring supervision while eating for R23.</p> <p>On 1/27/2025 at 12:41 PM, Surveyor observed R23 up in the wheelchair in R23's personal room with a lunch tray on the bedside table. Surveyor observed R23 eating turkey pot pie independently with no supervision from staff.</p> <p>On 1/27/2025 at 12:48 PM, Surveyor interviewed CNA-V that stated R23 eats well, and staff just need to set up the tray for R23. CNA-V stated the printed CNA Kardex is where the information about resident cares was located. Surveyor received a copy of the printed Kardex from CNA-V located at the nurses' station and Surveyor reviewed the Kardex. CNA-V said that information for accident prevention would be on the printed Kardex. Surveyor observed the meal ticket from 1/27/2025 which documented in bold letters: Constant supervision. Review of the Kardex documented under the other column showed set up assist with meals, encourage sips between small bites.</p> <p>Surveyor noted that the information that the CNAs at the facility use to care for R23 was not being followed by CNA-V. Surveyor also noted that CNA documentation documented multiple days of care interventions not being followed.</p> <p>On 1/27/2025 at 12:52 PM, Surveyor interviewed Director of Quality Assurance-L, who acknowledged being updated on R23's diet being upgraded to a regular diet today 1/27/2025. Quality Assurance-L stated an update on the Kardex will happen right away, that she just received confirmation to update.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/27/2025 at 1:17 PM, Surveyor interviewed Dietitian-K who acknowledged being aware of upgrade in diet, but Dietitian-K wanted supervision to continue based on potential for choking. Dietitian-K stated the responsibility to update care/supervision of feeding would be made by Dietitian-K. Dietician-K stated R23's supervision while eating upgrade just occurred and continued supervision maintained based on Dietitian-K's recommendations.</p> <p>On 1/28/2025 at 2:07 PM, Surveyor informed Nursing Home Administrator (NHA)-A regarding supervision while eating for R23 not occurring during observations. Surveyor also explained that R23's care plan, Kardex, and meal ticket all document interventions of supervision while eating but that staff are not following the interventions. Surveyor also explained the concern that the CNA documentation for feeding task, for 16 out of 25 days documented as independent with meals.</p> <p>On 1/28/2025 at 3:14 PM, Surveyor informed NHA-A, Director of Nursing (DON)-B, Regional Director-H, Assistant Director of Nursing (ADON)-C, Director of Quality Assurance-L, and Nurse Consultant-EEE of the above findings.</p> <p>No additional information was provided as to why R23 was not receiving supervision while eating to prevent choking.</p> <p>51016</p> <p>3.) R30 was admitted on [DATE] with diagnoses of metabolic encephalopathy, thrombocytopenia, hypo-osmolality, hyponatremia, dementia, and end stage renal disease/dialysis.</p> <p>R30's Quarterly Minimum Daily Set (MDS) with the assessment reference date of 12/26/24, documents a Brief Interview for Mental Status (BIMS) score of 99, indicating that R30 is cognitively unable to complete the interview.</p> <p>R30's Cognitive Skills for Daily Decision Making with the assessment reference date of 12/26/24, documents a score of 3, indicating that R30 is severely impaired for daily decision making.</p> <p>R30's Fall assessment dated [DATE] documents a score of 12, indicating that R30 is at high risk for falling.</p> <p>R30's Fall assessment dated [DATE] documents a score of 15, indicating that R30 is at high risk for falling.</p> <p>R30's Fall assessment dated [DATE] documents a score of 7, indicating that R30 is at moderate risk for falling.</p> <p>R30's Fall assessment dated [DATE] documents a score of 15, indicating that R30 is at high risk for falling. The fall assessment dated [DATE] documents R30 has 3 or more falls in the last 3 months.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R30's Nurses note dated 1/15/25 at 05:18 PM, documents, Resident (R30) had an unwitnessed fall. Writer was approached by a CNA (Certified Nursing Assistant) stating the resident (R30) was on the floor and a family member was trying to help him get back into bed. Writer immediately went into room. Resident (R30) had a gash on his left eyebrow with blood dripping down towards his left ear. Writer immediately requested assistance from other staff members to assist resident (R30) back into bed. Writer then obtained vitals and a neuro assessment. Resident (R30) did not remember how he fell or realize he has fallen and cut his upper eyebrow. Resident (R30) stated no pain on assessment. Writer then got saline and gauze to clean blood from resident's face and applied pressure to stop bleeding. While writer was cleaning blood, nurse manager notified MD and called (name of ambulance company). Writer then called POA (power of attorney) to notify her of the fall and notify her of his transfer to the hospital to hitting his head. Resident (R30) was sent to [hospital] at [city]. POA was notified when resident left via (name of ambulance company), so she was able to meet with resident (R30) at the hospital. MD notified. DON (Director of Nursing) notified.</p> <p>On 1/29/25 at 11:12 AM, Surveyor conducted a phone interview with Family-BBB concerning R30's 1/26/25 fall.</p> <p>Family-BBB informed Surveyor that R30 fell on [DATE]. Family-BBB told Surveyor that R30 has fallen two times in two weeks. Surveyor asked Family-BBB what happened on 1/15/25 with R30. Family-BBB informed Surveyor that Family-AAA found R30 on the floor. Family-BBB told Surveyor that R30 had blood on the head and the floor and Family-AAA tried to help R30 back into bed. Family-BBB told Surveyor they spoke to staff earlier about concerns with R30's increased confusion and unsteadiness.</p> <p>On 1/29/25 at 12:56 PM, Surveyor interviewed NHA-A about fall information collection and IDT (interdisciplinary team) information collection after an evening or weekend fall.</p> <p>Surveyor asked NHA-A how information was collected on falls, NHA-A provided Surveyor with R30 and other fall investigations. NHA-A informed Surveyor that Director of Nursing (DON)-B spoke with staff and collected the information the next morning for the IDT notes and root cause analysis.</p> <p>On 1/29/25 at 01:14 PM, Surveyor interviewed DON-B and Director of Quality Assurance (DQA)-L about how information is collected for fall investigations.</p> <p>DQA-L informed Surveyor that DON-B collects fall information, then enters an IDT note that doesn't always populate into the record correctly. Surveyor requested DQA-L to show Surveyor the falls binder.</p> <p>On 1/29/25 at 02:10 PM, Surveyor interviewed DQA-L on falls binder and expectations for staff for collecting witness interviews.</p> <p>Surveyor showed DQA-L the nurses noted dated 1/15/25 that documents that Licensed Practical Nurse was approached by a Certified Nursing Assistant after the nursing assistant stating R30 was on the floor and a family member was trying to help R30 back in bed.</p> <p>Surveyor asked DQA-L if the facility had a witness statement from the family member in the room at the time of R30's fall. DQA-L showed Surveyor the falls binder. DQA-L informed Surveyor that the facility did not have a statement from the family on R30's fall on 1/15/25.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor asked DQA-L if it should have been an expectation that staff or DON-B take a statement from the family member present at the time of the fall. DQA-L told Surveyor that DQA-L saw what Surveyor meant. DQA-L told Surveyor that DQA-L did not like the fact a family member tried to help R30 into bed. DQA-L informed Surveyor with staff needing to transport R30 to the hospital, the staff would not have had time to collect the family's fall statement. Surveyor asked DQA-L if collecting the information later when there would be more time or a nurses note after talking to family would be an expectation. DQA-L informed Surveyor that was not an expectation for the staff.</p> <p>On 1/29/25 at 02:41, Surveyor expressed concerns to NHA-A, DON-B, DOQ-L, and Regional Director (RD)-H about R30's 1/15/25 fall investigation not being complete because the facility did not conduct a family member interview who was present at or came in directly after R30's 1/15/25 fall with injury.</p> <p>No further information was provided to Surveyor as to why the facility did not complete a thorough fall investigation for R30's fall on 1/15/25.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>51016</p> <p>Based on interviews and record review, the facility did not have sufficient nursing staff to provide nursing related services to assure the safety and attain or maintain the highest practicable physical, mental, and psychosocial wellbeing of residents.</p> <p>* Interviews with staff, residents, and family revealed concerns with sufficient staffing levels for 1/25/25 to 1/26/25.</p> <p>*R23 verbalized staff shortages that resulted in long wait times while incontinent during the weekend of 1/25/2025-1/26/2025.</p> <p>This deficient practice has the potential to affect 43 of 43 residents residing on the first floor of the facility at the time of the survey.</p> <p>Findings include:</p> <p>The facility's assessment dated as revised on 10/31/2024 documents:</p> <p>Staffing plan.</p> <p>The below graph displays the total typical number of staff that are on duty each day. Evaluation of overall number of facility staff needed to ensure a sufficient number of qualified staff are available to meet each resident's needs. Refer to the guidance in the various tags that have requirements for staffing to be based on slash in accordance with the facility assessment., for example, Nursing F725. Behavioral health F741, nutrition F802, and administration F839. Enter number of staff needed or an average or range.</p> <p>Total number of staff on duty each day (on average based on census).</p> <p>Licensed nurses providing direct care: 13.</p> <p>Nurse aids: 23.</p> <p>On 1/29/25, at 12:32 PM, Scheduler-O provided Surveyor with the staffing criteria currently used by the facility. The staffing criteria documents:</p> <p>Staffing.</p> <p>We noticed going through schedules that there are some days we are pre booking to be over. Please see below.</p> <p>* Sunday night, 4 nurses. Need 3.</p> <p>* Sunday AM. 12 aides on. Need 11.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>* 7 aides on Tuesday nights need 6.</p> <p>Please make these corrections now so we do not overbook our schedules.</p> <p>Below is what we should be scheduling for all intensive [SIC] purposes.</p> <p>6 nurses AM/PM.</p> <p>3 nurses on nights.</p> <p>5 aides non dialysis nights Monday, Wednesday, Friday, Saturday.</p> <p>6 aides on dialysis nights Sunday, Tuesday, Thursday.</p> <p>10 aides for 103 and under. Five each floor.</p> <p>No shower aide on schedule.</p> <p>All above excludes orientation. No exceptions unless approved by corporate (First name of person).</p> <p>Any changes to this will be census related. If you feel we need to change, please call me to discuss.</p> <p>I truly hope this helps clear up the staffing expectation moving forward.</p> <p>On 1/28/25, at 12:32 PM, Surveyor interviewed Scheduler-O regarding the staffing patterns for the facility.</p> <p>Surveyor inquired what is the protocol for residents and family able to do if they have a concern over the staffing on a weekend. Scheduler-O informed Surveyor they can let the nurse know and the nurse will call the Manager on-call for instructions on what they should do.</p> <p>Surveyor asked Scheduler-O how staffing patterns are communicated to the scheduler. Scheduler-O informed Surveyor that staffing patterns are emailed to Scheduler-O before each schedule by corporate. Surveyor asked Scheduler-O to see the email with the expected staffing patterns for the weekends especially for the weekend of 1/25/25-1/26/25. Scheduler-O informed Surveyor the staffing pattern is the same for weekends and weekdays. Scheduler-O informed Surveyor the only difference in the schedule is when we have dialysis days, the night shift gets those residents up, so we have more staff on those nights prior to dialysis.</p> <p>Surveyor asked if the staffing number documented on the daily posted staffing sheet for 1/25/25 showing 8 total certified nursing assistants (CNA) on the 6:30Am-2:30PM shift, 6 total nursing assistants on the PM shift, with one (CNA) working till 08:30 PM and 2 (CNAs) not starting the shift till 03:00PM on the 02:30PM-10:30PM shift, and 4 total nursing assistants on the night shift 10:30PM-6:30AM was correct. Scheduler informed Surveyor the posted schedule was correct.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Aria of Brookfield		STREET ADDRESS, CITY, STATE, ZIP CODE  18740 W Bluemound Rd Brookfield, WI 53045	
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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Surveyor asked the staffing number documented on the daily posted staffing sheet for 1/26/25 showing 7 total certified nursing assistants on the AM shift, 9 total nursing assistants with one (CNA) working till 07:00 PM and 2 (CNAs) not starting the shift till 03:00PM on the 02:30PM-10:30PM shift, and 5 total nursing assistants on the night shift was correct. Scheduler informed Surveyor that posted schedule is correct also.</p> <p>Surveyor asked Scheduler-O the reason the CNA numbers were below the 10 CNA's shown as minimum staffing levels for 1/25/25 and 1/26/25. Scheduler-O informed Surveyor that's what Scheduler-O was allowed for this weekend, 4 CNAs upstairs and 5 downstairs for the AM and PM shift, totaling 9 CNAs. Surveyor asked Scheduler-O for the communication telling Scheduler-O she was only allowed 4 CNAs upstairs and 5 downstairs for AM and PM shift the weekend of 1/25/25 -1/26/25. Scheduler-O informed Surveyor she didn't have that updated e-mail yet. Surveyor asked Scheduler-O how Scheduler-O knew what the staffing patterns were supposed to be if it wasn't E-mailed to her as stated earlier. Scheduler-O stated that corporate had informed Scheduler-O what the staffing patterns were to be. Surveyor asked for a name and phone number of the person in corporate that determined the staffing patterns for 1/25/25 and 1/26/25. Scheduler-O informed Surveyor that the corporate person was Nursing Home Administrator (NHA)-A.</p> <p>Surveyor asked Schedule-O why there was less than 9 total CNAs working the weekend of 1/25/25 and 1/26/25. Scheduler-O told the Surveyor there were staff call-ins and that the Manager on call would handle that. Surveyor asked Scheduler-O about the licensed nursing numbers and why they were lower than the minimum number on the form Scheduler-O gave the Surveyor. Surveyor pointed out that on 1/25/25 there were 5 licensed staff on the AM shift, 4 licensed staff on the PM shift and 2 licensed staff on the night shift. Surveyor pointed out that on 1/26/25 there were 4 licensed staff on the PM shift and 5 on the night shift.</p> <p>Scheduler-O informed Surveyor the facility can't make staff work if they don't want to. Surveyor asked Scheduler-O who the manager on call for the weekend was. Scheduler-O informed Surveyor that the manager on call was Assistant Director of Nursing (ADON)-C.</p> <p>On 1/29/25, at 01:53 PM, Surveyor interviewed Scheduler-O as a follow up on the new staffing patterns Scheduler-O told Surveyor Scheduler-O was waiting to be sent to her.</p> <p>Surveyor asked Scheduler-O about the discrepancy between the staffing form given to the Surveyor by Scheduler-O and the Staffing the Scheduler-O was told she could have for the weekend of 1/25/25-1/26/25. Scheduler-O told Surveyor she requested the new staffing patterns from corporate, but Scheduler-O had not yet received the new staffing pattern E-Mail from corporate. Surveyor asked Scheduler-O if that new staffing pattern came from corporate or NHA-A. Scheduler-O informed Surveyor that the new staffing patterns came from corporate and not NHA-A. Surveyor showed Scheduler-O the staffing form that Scheduler-O gave to the Surveyor. Surveyor asked Scheduler-O if the communication scheduler-O gave Surveyor was the staffing pattern Scheduler-O was using currently for the facility's scheduled staffing requirement.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Scheduler-O informed Surveyor that the current staffing requirement information Scheduler-O is using is the previous staffing pattern provided to Surveyor. Scheduler-O told Surveyor that Scheduler-O did not receive the new staffing requirement information yet. Surveyor asked Scheduler-O if the facility was short of staffing requirements routinely. Scheduler-O told Surveyor that the facility it was not normally short staffed but that the facility just didn't have any staff that weekend. Scheduler-O informed Surveyor you can't make staff come in when they are busy.</p> <p>On 1/29/25, at 02:00PM, Surveyor interviewed ADON-C about the weekend staffing on 1/25/25-1/26/25.</p> <p>Surveyor asked ADON-C if she was the on-call manager for the weekend of 1/25/25-1/26/25. ADON-C informed the Surveyor she was the on-call manager. ADON-C informed the Surveyor that ADON-C came in on 1/25/25 to offer some assistance. Surveyor noted that ADON-C was using a knee rest scooter for her foot in a surgical boot. Surveyor showed ADON-C the staffing pattern form given to Surveyor by Scheduler-O. Surveyor asked ADON-C if ADON-C was aware of this staffing communication and if they were consistently below the 5 stated on this communication paper.</p> <p>ADON-C informed Surveyor that ADON-C was aware of the staffing communication given to Surveyor by Scheduler-O. Surveyor asked ADON-C if the facility was below the required staffing pattern for the weekend on 1/25/25-1/26/25. ADON-C informed Surveyor the facility was below the 5 CNAs on each floor on the weekend of 1/25/25-1/26/25. ADON-C informed Surveyor that these patterns were adjusted by corporate. Surveyor asked ADON-C if ADON-C could show Surveyor the new staffing requirements. ADON-C informed Surveyor that Scheduler-O would provide Surveyor with the updated staffing numbers.</p> <p>Surveyor asked ADON-C what the normal protocol was when they have staff call-in. ADON-C informed Surveyor, the facility will offer bonuses, food, buy meals for staff so that they could come in to work. Surveyor asked if this was effective in mitigating staffing shortages. ADON-C told Surveyor normally yes, but this weekend was harder to fill because a staff member had a big birthday party that most of the off-duty Certified Nursing Assistants went to. Surveyor asked ADON-C if the facility used agency staff. ADON-C informed Surveyor the facility did not use agency staff.</p> <p>Surveyor asked ADON-C, what projects, or quality improvement ideas being worked on to help alleviate these staffing discrepancies. ADON-C informed the Surveyor that the facility was offering more hiring bonuses and more orientation opportunities for new staff. The facility was advertising for new employees and was currently seeing an increase in interviews for CNA positions.</p> <p>Surveyor asked ADON-C what the protocol for residents and their families if they have concerns with staffing. ADON-C informed the Surveyor they can call the manager on call or get a hold of a nurse to call one of the managers. ADON-C informed the Surveyor the facility is working very hard to fix the staffing concerns.</p> <p>On 1/28/25, at 1149 AM, Surveyor interviewed Certified Nursing Assist (CNA)-III concerning staffing levels on 1/25/25/ and 1/26/25.</p> <p>Surveyor asked CNA-III if CNA-III told a resident that staffing was very short handed the weekend on 1/25/25 and 1/26/25. CNA-III informed Surveyor that the facility was very short staffed the weekend of 1/25/25 and 1/26/25. CAN-III stated that the facility only had 3 CNAs from 6:30 AM to 2:30 PM.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Surveyor asked CNA-III if she felt it impacted the call-light answering times. CNA-III informed Surveyor that the facility didn't have enough people to get to all the residents. CNA-III stated that residents were complaining, and that CNAs had trouble toileting people. CNA-III stated that residents received assistance on a first come, first serve basis as the facility was short staffed. CNA-III informed Surveyor that staff did get to everyone eventually, but it is 10 minutes minimum just to do a full bed bath, and that some residents waited a lot longer than 10 minutes before we could get to them. CNA-III informed Surveyor that during the weekend, one day the facility had only 3 aides, and that the staff can't do it with 3 CNAs only as the facility must have 4 aides to give the residents proper cares. Surveyor asked CAN-III if CNA-III could give an idea of how long residents had to wait. CNA-III informed Surveyor CAN-III couldn't say, but it was a quite a while for some.</p> <p>On 1/28/25, at 09:14 AM, Surveyor interviewed Anonymous-PPP about staffing concerns for 1/25/25-1/26/25.</p> <p>Surveyor asked Anonymous-PPP if they had any problems with staff answering call lights this past weekend 1/25/25-1/26/25. Anonymous-PPP informed Surveyor when staff had time they answered the lights, and that Anonymous-PPP waited a couple of hours at times to receive assistance Anonymous-PPP informed Surveyor that they wouldn't recommend the facility to anyone.</p> <p>On 1/28/25, at 01:30 PM, Surveyor interviewed R22 about staffing the weekend of 1/25/25-1/26/25.</p> <p>Surveyor asked R22 if staff answered call lights in a timely fashion this past weekend of 1/24/25-1/26/25. R22 told Surveyor it depended on the day. R22 stated that sometimes it seems like staff ignore the call lights and that staff have been short here for a long time. Surveyor asked how the resident was aware they short staffed here. R22 told Surveyor that staff always tell R22. R22 informed Surveyor this weekend it was 30 minutes to 2 hours waiting for someone to answer or come into my room. R22 told Surveyor when staff came into my room the staff told R22 they are short staffed. R22 told Surveyor sometimes it was a struggle to get water.</p> <p>On 1/29/25, at 10:34 AM, Surveyor conducted a phone interview of Family-AAA about a fall by R30 and if family had staffing concerns on 1/26/25.</p> <p>Surveyor asked Family-AAA about the fall on 1/26/25. Family-AAA informed Surveyor R30 didn't seem like he was getting the attention R30 needed. Family-AAA told Surveyor when I arrived R30 was wet. Family-AAA informed Surveyor he informed the staff right away that R30 was wet. Family-AAA told Surveyor he flagged someone down who was walking by and told them R30 was wet. Family-AAA was told by the staff member they would come back. Family-AAA informed Surveyor that R30 was in an uncomfortable position with the head of the bed up and R30 had slid down and was toward the end of the bed. Family-AAA told Surveyor that Family-AAA would have positioned himself, but didn't feel comfortable doing the repositioning.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Family-AAA told Surveyor that is why Family-AAA asked for someone. Family-AAA told Surveyor he called Family-BBB, because no one had come in yet and Family-AAA was going to leave. Family-AAA informed Surveyor someone came in as Family-AAA was getting ready to leave. Family-AAA told Surveyor, he was not comfortable when he left because R30 seemed very unsteady and confused. Surveyor asked Family-AAA how long it took someone to come in and change R30's wet bed. Family-AAA informed Surveyor it was at least 90 minutes. Surveyor asked if Family-AAA remembered any names of the staff. Family-AAA informed Surveyor he did not remember the names of the staff. Surveyor asked Family-AAA if he was there when R30 fell . Family-AAA told Surveyor that R30 fell after Family-AAA left. Surveyor asked if Family-AAA reported his concerns to staff. Family-AAA informed Surveyor that Family-AAA found a nurse and told the nurse his concern that R30 was unsteady and that no one was around to keep an eye on R30.</p> <p>On 1/29/25, at 11:12 AM, Surveyor conducted a phone interview with Family-BBB about R30's fall and Family-AAA's staffing concerns and care for R30 on 1/26/25.</p> <p>Surveyor asked Family-BBB, what the family's recollection of what happened with R30 on 1/26/25. Family-BBB informed Surveyor that Family-AAA called to inform Family-BBB that R30 had been soiled and wet for some time. Family-BBB told Surveyor that after Family-AAA informed Family-BBB that a staff member was informed that R30 needed changing that Family-BBB was concerned about leaving because R30 was unsteady, and it didn't seem to Family-AAA there were staff around to help R30 or keep an eye on R30's unsteady condition. Family-BBB informed Surveyor that Family-BBB made 5 phone calls to the facility with no answer from staff. Family-BBB informed Surveyor a phone call to an off-duty nurse who Family-BBB has the staff member's personal number was made to request help for R30. Family-BBB told Surveyor that the nurse called the facility, and that nurse was able to get someone into R30's room to provide cares to R30, so Family-AAA could leave. Family-BBB informed Surveyor that Family-AAA said R30 was cleaned up and taken out to the table in the dining area before Family-AAA left. Family-BBB told Surveyor that Family-AAA was given assurances that someone would watch R30 at the table, because R30 was unsteady. Family-BBB told Surveyor that R30 fell sometime after that. Family-BBB informed Surveyor the facility just doesn't have enough people to watch or care for R30 whose has dementia, especially on the weekends.</p> <p>On 1/29/25, at 01:47 PM, Family-BBB called the Surveyor to provide more information. Surveyor conducted a phone interview with Family-BBB concerning the staffing and fall concerns that the family has for R30.</p> <p>Surveyor asked Family-BBB, what Family-BBB wanted to add to the previous information provided to Surveyor. Family-BBB informed Surveyor that R30 will spit his medications out. Family-BBB told Surveyor she has requested the nurse to stay until R30 swallows the medications. Family-BBB told Surveyor they tell her they will, and Family-BBB will come in and see medications spit out on the floor. Family-BBB told Surveyor there doesn't seem to be enough staff to care for R30 especially the weekends.</p> <p>On 1/29/25, at 02:41 PM, Surveyor expressed Surveyors concerns to NHA-A, DON-B, Director of Quality (DOQ)-L and Regional Director (RD)-H.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Surveyor informed the facility that after interviews with residents, staff and family the Surveyor had concerns with staffing on the weekend of 1/25/25/-1/26/25. Interviews with Scheduler-O and ADON-C, they confirmed for the Surveyor the facility did not have the minimum number of staff as indicated by the facilities staffing communication provided to the Surveyor by Scheduler-O. ADON-C informed the Surveyor, there was a birthday party many staff attended, which made it difficult recruiting for vacant shifts in the schedule. Surveyor informed the facility that family complained that R30 was left wet for at least 90 minutes. During Interviews with other residents and staff, the Surveyor was told the shortage of staff on weekend 1/25/25-1/26/25 impacted call light response times causing significant delays to resident cares.</p> <p>No additional information was provided at exit as to why the facility did not ensure that the facility had sufficient nursing staff to provide nursing related services to the residents of the first floor.</p> <p>50700</p> <p>2.) R23's diagnoses include hemiplegia &amp; hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side, aphasia, dysarthria, dysphasia, facial weakness and gastrotomy.</p> <p>R23's admission MDS (minimum data set) with an assessment reference date of 11/13/2024, had a BIMS (brief interview mental status) score of 15. A score of 15 indicates that R23 is cognitively intact. R23's functional abilities and goals section, under eating, has a score of 3, which indicated partial to moderate assist is needed with eating.</p> <p>R23's care plan interventions for alteration in nutrition dated 11/18/2024 documented: Provide, serve diet as ordered, texture upgrade on 1/23/2025, from mechanical soft to regular diet. Under the above-mentioned care plan, it had registered dietitian to evaluate and make diet change recommendations as needed. R23's cerebral vascular accident care plan, under the focus area, it had intervention of: Monitor/document ability to chew and swallow. If resident was presenting with problems, obtain an order for speech therapy to evaluate and treat.</p> <p>On 1/27/2025, at 9:52 AM, Surveyor interviewed R23 who stated the facility is short staffed a lot. R23 said this last weekend on 1/25/2025-1/26/2025 was an example of that. R23 stated that R23 sat incontinent for a long period of time. R23 stated that when staff certified nursing assistant (CNA)-III came to answer the call light that CNA-III stated they were very short staffed that weekend.</p> <p>On 1/27/2025, at 10:40 AM, Surveyor called, Anonymous-DDD related to staffing concerns. Anonymous-DDD, stated there was long wait times. R23 will sit incontinent and for long periods of time. Anonymous-DDD stated that family must call the facility to tell them to answer R23's call light. Anonymous-DDD stated CNAs will leave R23 during feeding R23 to answer other residents call lights. Anonymous-DDD stated R23 was supervision with meals and that staff should not leave R23 during feeding.</p> <p>Surveyor reviewed R23's care plan and CNA Kardex which revealed that R23 was supervision with meals during that period of 1/25/2025-1/26/2025.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 1/27/2025, at 3:26 PM, Surveyor interviewed Scheduler-O regarding staffing from the weekend of 1/25/2025-1/26/2025. Surveyor explained to Scheduler-O that the number of staff shows less staff during the above-mentioned weekend. Surveyor asked Scheduler-O what was done to correct this staffing shortage. Scheduler-O informed Surveyor they had to work short if staff was not obtained. Scheduler-O wanted to investigate staffing levels and would get back to Surveyor.</p> <p>On 1/28/2025, at 3:14 PM, Surveyor brought concerns of staffing to the Nursing Home Administrator (NHA)-A, Director of Nursing (DON)-B, Regional Director-H, Assistant Director of Nursing (ADON)-C, Director of Quality Assurance-L and Nurse Consultant-EEE.</p> <p>No additional information was received related to the staffing concerns mentioned above.</p>		

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38829</p> <p>Based on interview and record review, the Facility did not comprehensively assess to provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being for 1 (R22) of 2 Residents reviewed for behavior health services.</p> <p>*R22 has diagnoses of Vascular Dementia Without Behavioral Disturbance, Major Depressive Disorder, Anxiety Disorder, Attention-Deficit Hyperactivity Disorder, Alcohol Dependence and Opioid Abuse. R22 has had significant behavioral changes and has not received behavioral health services in order for R22 to attain the highest practicable physical, mental, and psychosocial well-being. The facility did not offer behavioral health services related to diagnoses of both alcohol and drug substance abuse.</p> <p>Findings include:</p> <p>The facility's policy and procedure Behavioral Health Services Policy implemented 3/21/21 documents:</p> <p>Policy Statement:</p> <p>.It is the policy of the facility to provide Mental Health Services in accordance to State and Federal regulations. The intent of this policy is to ensure that the facility has sufficient staff members who possess the basic competencies and skills sets to meet the behavioral needs of Residents of whom the facility has assessed and developed care plans</p> <p>Procedure:</p> <p>Each Resident will receive and the facility will provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>1. Behavioral health encompasses a Resident's whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders.</p> <p>2. The facility will have sufficient staff who provide direct services to Residents with the appropriate competencies and skills sets to provide nursing and related services to assure Resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each Resident, as determined by Resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's Resident population.</p> <p>4. The facility will ensure that, a Resident who displays or is diagnosed with mental disorder or psychosocial difficulty, or who has a history of trauma and/or post-traumatic stress disorder, receives appropriate treatment and services to correct the assessed problem or to attain the highest practicable mental and psychosocial well-being.</p> <p>(continued on next page)</p>		

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>6. A Resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being.</p> <p>10. The facility will provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each Resident.</p> <p>Surveyor also reviewed the facility assessment last reviewed 10/31/24 which documents:</p> <p>.Facility may accept Residents with, or current Residents may develop, the below common diseases, conditions, physical disabilities, cognitive disabilities, or combinations of conditions that require complex medical care and management.</p> <p>Psychiatric/Mood Disorders-Psychosis, Impaired Cognition, Mental Disorder, Depression, Bipolar, Disorder, Schizophrenia, Post Traumatic Stress Disorder, Anxiety Disorder, Behavior that Needs Interventions</p> <p>If it is determined that staff training is required t to care for potential Resident, training will be provided by in house staff or other professionals.</p> <p>The facility assessment documents there are currently an average of 59 Residents that require behavioral health needs.</p> <p>1.) R22 was admitted to the facility on [DATE] with diagnoses of Hemiplegia and Hemiparesis Following Cerebral Infarction affecting Left Non-Dominant Side, Nontraumatic Subarachnoid and Intracerebral Hemorrhage, Anemia, Chronic Kidney Disease, Stage 3, Insomnia, Vascular Dementia, Unspecified Severity, Without Behavioral Disturbance, Major Depressive Disorder, Anxiety Disorder, Attention-Deficit Hyperactivity Disorder, Alcohol Dependence, and Opiod Abuse.</p> <p>R22's Quarterly Minimum Data Set(MDS) completed 12/18/24 documents a Brief Interview for Mental Status(BIMS) score to be 15, indicating R22 is cognitively intact for decision making. R22's MDS also documents Patient Health Questionnaire(PHQ-9) score to be 0, indicating no depression, and no behaviors are documented.</p> <p>Surveyor notes that R22's Preadmission Screen and Resident Review(PASSR) dated 1/24/25, documents R22 does not require specialized services or specialized psychiatric rehabilitative services.</p> <p>R22's physician orders document R22 is prescribed the following</p> <ul style="list-style-type: none"> <li>-Bispirone 10 mg 1 tablet 1 time a day for anxiety</li> <li>-Depakote 250 mg 1 tablet two times a day for impulse control</li> <li>-Duloxetine 60 mg capsule one time a day for depression</li> <li>-Trazodone 50 mg 2 tablets one time a day for insomnia 100 mg</li> </ul> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Aria of Brookfield		STREET ADDRESS, CITY, STATE, ZIP CODE  18740 W Bluemound Rd Brookfield, WI 53045	
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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor reviewed R22's comprehensive care plan which documents the following related to behavioral health needs:</p> <p>-R22 may voice allegations of mistreatment or exploitation by caregivers/family. This behavior appears to be due to continuously wanting in R22's room [ROOM NUMBER]/15/25</p> <p>-R22 displays socially inappropriate and maladaptive behavior due to attention seeking. Symptoms and problems are manifested by: Making inappropriate phone calls to the emergency medical system when an actual emergent/crisis situation does not exist 1/15/25</p> <p>-R22 has a behavior problem due to sexually inappropriate behavior, touching toward female staff/does not show this behavior towards other Residents. Wrote staff names on R22 faces, cups, and bed side table with marker. R22 masturbates in front of female staff. R22 will put on call light and if it is not the aide R22 wants, R22 will say R22 does not want anything or will request the specific aide to come. R22 will then say no one answered call light. R22 calls police. 9/27/23, Revised 1/9/25</p> <p>-R22 has a mood problem 9/20/23</p> <p>R22's Visual Bedside Kardex Report developed for CNAs effective 1/27/25 does not document specific interventions for staff when R22 is sexually inappropriate, or displaying mood concerns.</p> <p>On 1/2/25, R22 signed a Special Behavior Contract. On 1/8/25, R22 was issued a 30 day discharge notice due to R22 not abiding by the provisions in the contract.</p> <p>Surveyor reviewed R22's electronic medical record(EMR). Surveyor reviewed progress notes of R22 going back to 8/1/24. Surveyor notes there are no behaviors documented of R22 until 11/30/24.</p> <p>11/30/24 it is documented that R22 was continuously turning on light for CNA to come in room and sexually harass CNA. Surveyor reviewed all progress notes. Surveyor noted that R22's behaviors have escalated since 11/30/24.</p> <p>Surveyor noted that the facility did not review R22's behavior as an Interdisciplinary Team(IDT) for a root/cause analysis of why R22's behavior escalated.</p> <p>Surveyor notes that R22 has been evaluated and treated by the psychologist and psychiatrist.</p> <p>On 1/21/25, Psych-LPC-WWW documented a visit with R22.</p> <p>There is no documentation that the facility communicated with Psych-LPC-WWW that R22 on 1/17/25 was observed to be banging R22' s head on the headboard and voiced R22 would throw self out of the bed.</p> <p>On 1/23/25, Psych-XXX evaluated and treated R22. There is no documentation that the facility communicated with Psych-XXX that R22 on 1/17/25 was observed to be banging R22' s head on the headboard and voiced R22 would throw self out of the bed.</p> <p>On 1/28/25, at 1:11 PM, Surveyor interviewed Director of Social Services (DOSS)-JJJ. DOSS-JJJ was not able to provide additional information in regards to R22's behavioral health services.</p> <p>(continued on next page)</p>		

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/29/25, at 11:19 AM, does not recall being informed that on 1/17/25, R22 was observed banging head on headboard. DOSS-JJJ stated that so much goes on, I don't remember anything. If an incident report was implemented due to R22 banging head on headboard, it would have been reviewed by the IDT.</p> <p>On 1/29/25, at 6:22 AM, Surveyor reviewed R22's comprehensive care plan and notes that R22's care plan has not been updated with R22's behavior of banging head on headboard and stating R22 wanted to throw R22 out of bed because R22 did not want to leave facility.</p> <p>On 1/28/25, at 3:32 PM, Surveyor informed Nursing Home Administrator (NHA)-A, Director of Nursing (DON)-B, Nurse Consultant (NC)-EEE, Regional Director (RD)-H, and Director of Quality Assurance (DOQA)-L that DOSS-JJJ was unaware of the new behavior of R22 banging head on headboard. Surveyor asked what the facility's expectation is for staff to complete an incident report. DON-B listed examples. Surveyor asked if a Resident was demonstrating behavior reflective of self harm, like banging head on headboard, would an incident report be expected to be completed. DON-B confirmed that an incident report would be expected to be completed. Surveyor expressed concern that R22 has significant behavioral health diagnoses and behaviors with an increase of sexual inappropriateness since 11/30/24, and the IDT did not root/cause analysis in order to develop non-pharmalogical interventions.</p> <p>On 1/29/25, at 9:54 AM, Surveyor interviewed Licensed Practical Nurse (LPN)- I via telephone who wrote the progress note documenting R22 was observed banging head on headboard and stating I am trying to throw myself out of bed to get out of here. LPN-I informed Surveyor that R22 banging head on headboard lasted about 5 minutes and perceived it as a temper tantrum. LPN-I stated that LPN-I did not observed any injuries and R22 denied pain. LPN-I did not complete assessments with the incident and does not remember informing any supervisors of the incident.</p> <p>Surveyor noted that at 5:35 PM, on 1/28/25, LPN-I wrote a clarification note in R22's progress notes stating that R22 was upset and bumping head on headboard not with force and not hard enough to sustain injury, just enough to rattle bed while R22 was yelling threats to call 911 or to put self on floor. LPN-I documented behavior reflected a temper tantrum not as though R22 intended to harm self. R22's behavior was attention seeking not harmful.</p> <p>On 1/29/25, at 2:41 PM, Surveyor again informed Director of Quality Assurance (DOQA) of the concern that behavioral health services were not provided to R22 as the IDT has not reviewed a root/cause as to why R22's behavior has escalated since 11/30/24, and facility staff document R22's behaviors with no person-centered interventions developed and implemented for R22.</p> <p>DOQA- L stated that R22 was going to be followed up by neurology and that the appointment has been moved up due to R22's behavior. However, Surveyor reviewed the additional information provided by the facility and there is not date of when the facility called to move up the neurology appointment or when the neurology appointment is scheduled for.</p> <p>No additional information was provided as to why the facility did not provide R22 with the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38829</p> <p>Based on interview and record review, the facility did not provide pharmaceutical services to meet the needs of for 1(R26) of 2 Residents reviewed.</p> <p>* R26 was discharged on [DATE] from the facility and was sent home with discontinued medications of Abilify, Prozac, and Zoloft. The facility did not follow procedure of removing the medications from the medication cart and returning the discontinued medication to the pharmacy.</p> <p>* R26 did not receive scheduled medications one hour before or one hour after the scheduled time 22 times between 11/1/24 and 11/26/24.</p> <p>Findings include:</p> <p>The facility's policy Disposal of Medications and Medication-Related Supplies last revised January 2018 documents:</p> <p>Policy</p> <p>.When medications are discontinued by the prescriber or the Resident is discharged and medications are not sent with the Resident, the medications are marked as discontinued and stored in a secure and separate area from the active supply, marked discontinued and securely stored until destroyed.</p> <p>Procedures</p> <p>A. If a prescriber discontinues a medication and, in the nurse's judgment, it is unlikely to be recorded within 7 days, the medication container is marked with a stop drug or discontinued sticker, and the date of discontinuation is indicated along with the name of the nurse.</p> <p>B. The nurse documents the order to discontinue the medication in the Resident's record. The Physician's Order sheet and the Medication Administration Record(MAR) are updated by highlighting the order in yellow, striking through the order and writing D/C across or next to the discontinued order. Also, the discontinued date should also be recorded.</p> <p>C. Medications are removed from the medication cart or active supply immediately upon receipt of an order to discontinue(to avoid inadvertent administration). Medications awaiting disposal or return are stored in a locked secure area designated for that purpose until destroyed or picked up by pharmacy.</p> <p>F. Notify the pharmacy that the medication has been discontinued so that the Resident's profile can be updated and prevent any cycle fill dispensing that is in place.</p> <p>Returning Medications to Pharmacy</p> <p>Policy</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>.With the exception of controlled substances or where prohibited by state law, discontinued or unused medications are returned to the provider pharmacy for credit whenever possible.</p> <p>Procedures</p> <p>A. Medications other than controlled medications or where prohibited by state law may be returned to the provider pharmacy if the medication is in a sealed package or container.</p> <p>B. For each medication returned, an entry is made on the medication disposition form. The entry includes the date, medication name and strength, quantity, and prescription number.</p> <p>C. Medications to be returned to the pharmacy should be secured until the time of pick up.</p> <p>D. The medication disposition form is kept with the medications for return until picked up by pharmacy. The receiving pharmacy representative signs the form to indicate receipt and give the original to the Director of Nursing. Once copy is kept by the pharmacy.</p> <p>E. Completed medication disposition forms are kept by the facility for 2 years.</p> <p>1.) R26 was admitted to the facility on [DATE] with diagnoses of Hypertensive Heart and Chronic Kidney Disease with Heart Failure and with Stage 5 Chronic kidney Disease, Type 2 Diabetes Mellitus, Peripheral Vascular Disease, End Stage Renal Disease, Mild Protein-Calorie Malnutrition, Chronic Obstructive Pulmonary Disease, Acquired Absence of Left Leg Below Knee, Adjustment Disorder with Mixed Disturbance of Emotions and Conduct, Vascular Dementia, Major Depressive Disorder, and Anxiety Disorder. R26 had an activated Health Care Power of Attorney (HCPOA) during R26's stay at the facility. R26 discharged from the facility on 11/26/24.</p> <p>R26's Quarterly Minimum Data Set(MDS) completed on 9/5/24 documented R26 had a Brief Interview for Mental Status(BIMS) score of 15, indicating R26 was cognitively intact. R26 had range of motion impairment on one side of lower extremity. R26's MDS also documented R26 was independent with eating. R26's MDS documented R26 required substantial/maximum assistance, set-up for upper and lower dressing, substantial/maximum assistance for mobility and dependent for transfers.</p> <p>On 1/28/25, at 12:01 PM, Surveyor interviewed HCPOA-PPP via telephone. HCPOA-PPP informed Surveyor that the facility sent 3 bubble packs of medications home with R26 on 11/26/24, the day of discharge from the facility. HCPOA-PPP informed Surveyor of the following medications sent home with R26.</p> <p>Abilify-date issued on bubble pack 10/21/24, 12 missing</p> <p>Zoloft-date issued on bubble pack 8/25/24, 7 missing</p> <p>Prozac-date issued on bubble pack 10/21/24, 8 missing</p> <p>Surveyor reviewed the list of medications signed by R26's physician on 11/21/24 sent to pharmacy of R26's choice to be filled for discharge on 11/26/24. Abilify, Zoloft, and Prozac are not documented on the list of medications being ordered for discharge.</p> <p>Surveyor reviewed R26's psychiatric progress notes.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/11/24, APNP-QQQ changed the Zoloft 50 mg to Prozac 20 mg. APNP-QQQ documented that R26 had a history of refusing of medications.</p> <p>On 11/6/24, Psych-RRR documented that R26 was refusing the Abilify and Prozac on a consistent basis. Psych-RRR discussed with HCPOA and discontinued the medications.</p> <p>Zoloft-discontinued 9/11/24</p> <p>Prozac and Abilify-discontinued 11/6/24</p> <p>On 1/28/25, at 11:20 AM, Surveyor interviewed Unit Manager (UM)-FF who confirmed UM-FF was familiar with R26. UM-FF confirmed that any discontinued medications should be sent back to the pharmacy.</p> <p>On 1/28/25, at 11:52 AM, UM-FF confirmed that R26 should not have been discharged from the facility with discontinued medications.</p> <p>The facility's policy Medication Administration-General Guidelines last revised December 2019 documents:</p> <p>Policy</p> <p>Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so. Personnel authorized to administer medications do so after they have been properly oriented to the facility's medication distribution system. The facility has sufficient staff and a medication distribution system to ensure safe administration of medications without unnecessary interruptions.</p> <p>Procedures</p> <p>B. Administration</p> <p>12. Medications are administered with 60 minutes of scheduled time.</p> <p>D. Documentation(including electronic)</p> <p>1. The individual who administers the medication dose records the administration on the Resident's Medication Administration Record(MAR) directly after the medication is given. At the end of each medication pass, the person administering the medications reviews the MAR to ensure necessary doses were administered and documented.</p> <p>6. If a dose of regularly scheduled medication is withheld, refused, not available, or given at a time other than the scheduled time, the space provided on the front of the MAR for that dosage administration is initialed and circled.</p> <p>Surveyor reviewed R26's physician orders for the month of November 2024. All of R26's medications were to be administered one time a day.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor reviewed R26's Medication Administration Audit Report provided to Surveyor on 1/29/25, at 10:25 AM. The Medication Administration Audit Report details the scheduled time to be administered and the actual administration time. Surveyor reviewed the audit times from 11/1/24-11/26/24 for R26's administered medications. Surveyor noted the administration time for R26's medications to be administered was scheduled for 6:30 AM.</p> <p>For 22 days in November, the audit report documents that R26 received medications late past the 60 minutes per facility policy. The following was documented for R26's administration of medications:</p> <p>11/1/24-administered at 12:28 PM</p> <p>11/4/24-administered at 9:43 AM</p> <p>11/6/24-administered at 9:18 AM</p> <p>11/7/24-administered at 9:56 AM</p> <p>11/8/24-administered at 9:56 AM</p> <p>11/9/24-administered at 1:51 PM</p> <p>11/10/24-administered at 12:27 PM</p> <p>11/11/24-administered at 9:11 AM</p> <p>11/12/24-administered at 9:59 AM</p> <p>11/13/24-administered at 11:13 AM</p> <p>11/14/24-administered at 11:10 AM</p> <p>11/15/24-administered at 11:30 AM</p> <p>11/16/24-administered at 12:26 PM</p> <p>11/17/24-administered at 10:01 AM</p> <p>11/19/24-administered at 8:09 AM</p> <p>11/20/24-administered at 9:18 AM</p> <p>11/21/24-administered at 8:25 AM</p> <p>11/22/24-administered at 9:50 AM</p> <p>11/23/24-administered at 12:56 PM</p> <p>11/24/24-administered at 12:01 PM</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>11/25/24-administered at 10:18 AM</p> <p>11/26/24-administered at 10:34 AM</p> <p>R26 attended dialysis on day shift 3 times a week while at the facility</p> <p>Surveyor did not note any documentation in R26's medical record regarding R26's medication being administered late.</p> <p>On 1/29/25 at 11:13 AM, Surveyor asked Licensed Practical Nurse (LPN)-F when medication is scheduled at a certain time when can this medication be administered. LPN-F informed Surveyor a medication could be administered minimum of 2 hours after the scheduled time. LPN-F stated that if LPN-F would give a medication late, prior to administrating, LPN-F would confirm with the physician it was okay to administer the medication. Surveyor interviewed LPN-LLL who stated the medication should be administered within 30 minutes after the scheduled time.</p> <p>On 1/29/25, at 12:15 PM, Surveyor interviewed LPN-NNN in regards to procedure for administrating medications. LPN-NNN stated that if a medication was to administered at 6:30 AM, LPN-NNN stated that LPN-NNN could administer medications no later than 10:00 AM. LPN-NNN stated LPN-NNN would inform the Director of Nursing and the physician.</p> <p>On 1/29/25, at 2:41 PM, Surveyor informed Nursing Home Administrator (NHA)-A, Director of Nursing (DON)-B, Nurse Consultant (NC)-EEE, Regional Director (RD)-H, and Director of Quality Assurance (DOQA)-L that R26 received R26's medications late on 22 days. Surveyor also shared that procedures of removing discontinued medications and sending to pharmacy or destroying medications was not followed as R26 was discharged home on 11/26/24 with discontinued medications.</p> <p>No additional information was provided to Surveyor as to why R26's medication was administered late and discontinued medications were sent home with R26 on day of discharge.</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38829</p> <p>Based on observation, interview and record review, the facility did not provide 1 (R27) of 4 Residents reviewed for dietary services, with food accommodations and preferences as listed on the Resident's meal tickets.</p> <p>*R27 did not receive preferred items per meal ticket for breakfast on 1/29/25.</p> <p>Findings Include:</p> <p>The facility's undated policy and procedure Accuracy and Quality of Tray Line Service documents:</p> <p>Policy:</p> <p>Tray line positions and set up procedures will be planned for efficient and orderly delivery. All meals will be checked for accuracy by the food and nutrition services staff, and by the service staff prior to serving the meal to the individual.</p> <p>Procedure:</p> <ol style="list-style-type: none"> <li>4. The meal will be checked against the therapeutic diet spread sheet to assure that foods are served as listed on the menu.</li> <li>5. Staff will refer to the meal identification card/ticket for food dislikes, allergies and other details and substitute approximately for those items.</li> <li>6. Each meal will be checked for:             <ol style="list-style-type: none"> <li>a. Correct name, room number, and diet order</li> <li>b. Accuracy of following the therapeutic diet extension</li> <li>c. Proper portion sizes</li> <li>d. Food and beverage preferences, allergies, intolerances and/or special food requests</li> <li>e. Neatness of tray and attractiveness of the food served</li> </ol> </li> <li>7. Problems with meal accuracy should be resolved immediately</li> <li>8. Ongoing problems should be brought to the attention of the director of food and nutrition services</li> </ol> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1.) R27 was admitted to the facility on [DATE] with diagnoses of Type 2 Diabetes Mellitus, Paroxysmal Atrial Fibrillation, Morbid Obesity, End Stage Renal Disease, Adult Failure to Thrive, Dependence on Renal Dialysis, Major Depressive Disorder, and Generalized Anxiety Disorder.</p> <p>R27's Admission Minimum Data Set(MDS) completed 12/13/24 documents a Brief Interview for Mental Status(BIMS) score to be 15, indicating R27 is cognitively intact for daily decision making. R27's MDS also documents that R27 requires set-up for eating, dependent for transfers and sit to lying mobility, supervision for upper body dressing and substantial/maximum assistance for lower body dressing. R27 has range of motion impairment on one side of lower extremity.</p> <p>R27 receives dialysis 3 times a day.</p> <p>On 3/28/25, at 3:13 PM, Surveyor interviewed R27. R27 informed Surveyor that R27 has not been getting items on R27's trays per preferences. R27 stated that R27 has not been getting Nepro as ordered by physician. R27 stated that R27 frequently does receive meal preferences and has to order out for food as a result.</p> <p>Surveyor reviewed R27's current physician orders and notes R27 has Nepro with meals, 3 times a day to aid in weight stability, wound healing, and overall healing effective 1/21/25.</p> <p>On 1/29/25, at 8:35 AM, Surveyor observed R27's breakfast tray. R27 had cold cereal, pears, juice, toast, and milk. Per R27's breakfast meal ticket, additionally R27 should have received a banana, coffee, hot cereal, 8 oz (ounces) water, and Nepro. R27 stated that R27 loves bananas on a daily basis and would eat the hot cereal if it would have been on the tray.</p> <p>On 1/29/25, at 9:10 AM, Surveyor had Dietary Manager (DM)-MMM and Registered Dietitian (RD)-KKK observe along with Surveyor R27's breakfast tray. DM-MMM and RD-KKK agreed that R27 did not receive items listed on R27's breakfast meal ticket. DM-MMM explained that the Certified Nursing Assistants(CNAs) are responsible for placing the liquids on the trays. DM-MMM stated the CNAs are not reading the meal tickets and placing the required items on the tray per Resident ticket. DM-MMM had Surveyor observe the location where Resident trays are assembled by the CNAs and the Dietary Aide. DM-MMM should be informing the Dietary Aide that R27 needs Nepro on the tray. DM-MMM stated the Dietary Aide would go to the refrigerator and take out a Nepro and give to the CNA to place on R27's tray. DM-MMM stated that it is the responsibility of both the CNA and Dietary Aide to make sure the Resident receives everything listed on the meal ticket. DM-MMM stated there is an issue with Residents not receiving items on their trays based on their meal tickets. DM-MMM agreed that there is a problem with CNAs and Dietary Aides not reading tickets and placing appropriate items on Resident trays.</p> <p>On 1/29/25, at 2:41 PM, Surveyor shared the concern with Nursing Home Administrator (NHA)-A, Director of Nursing (DON)-B, Nurse Consultant (NC)-EEE, Regional Director (RD)-H, and Director of Quality Assurance (DOQA)-L that R27's meal ticket items, was not what R27 received on the breakfast tray, especially Nepro which is essential for R27's renal diet and healing.</p> <p>No additional information was provided by the facility at this time.</p>		

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NAME OF PROVIDER OR SUPPLIER  Aria of Brookfield		STREET ADDRESS, CITY, STATE, ZIP CODE  18740 W Bluemound Rd Brookfield, WI 53045	
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 20483</p> <p>Based on observation, interview, and record review the facility did not maintain an infection prevention and control program designed to reduce the transmission of disease and infection for 3 (R25, R24, &amp; R33) of 5 Residents.</p> <p>* Appropriate hand hygiene was not observed during incontinence cares for R25.</p> <p>* Appropriate hand hygiene was not observed during a wound treatment observation for R24.</p> <p>* NHA (Nursing Home Administrator)-A entered R33's room to answer R33's call light without placing on PPE (Personal Protective Equipment). R33 was on isolation for COVID.</p> <p>Findings include:</p> <p>The facility's policy titled, Infection Control - Hand Hygiene and dated 2/4/21 under Policy Statement documents The facility's policy is to perform hand hygiene per national standards from the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO). Under Policy Guidelines documents 1. Soap and water are required for hand hygiene when: a. Hands are visibly soiled or contaminated with blood or other body fluids; b. After caring for residents with a diarrheal infection such as C. (Clostridium) difficile; c. After potential exposure to body fluid; d. Before and after eating or handling food; and e. After personal use of toilet. 2. Alcohol-based hand sanitizer is appropriate for decontaminating the hands: a. Before direct resident contact; b. Before putting on gloves; c. Before inserting an invasive device; d. After contact with a resident; e. When moving from a contaminated body site to a clean body site during resident care; f. After contact with body fluids, excretion, mucous membranes, non-intact skin, or wound dressing (if hands aren't visibly soiled); g. After removing gloves; h. After contact with inanimate objects in the resident's environment.</p> <p>1.) R25's diagnoses includes hemiplegia and hemiparesis following cerebral infarction affecting left non dominate side, hypertension, morbid obesity, chronic kidney disease, anxiety disorder, and depression.</p> <p>R25's quarterly MDS (minimum data set) with an assessment reference date of 11/14/24 has a BIMS (brief interview mental status) score of 15 which indicates that R25 is cognitively intact. R25 is assessed as not having any behavior including refusal of cares. R25 is assessed as being dependent for toileting hygiene &amp; toilet transfer, and substantial/maximal assistance for rolling left and right. R25 is assessed as being occasionally incontinent of urine and frequently incontinent of bowel.</p> <p>On 1/27/25, at 10:21 a.m. CNA (Certified Nursing Assistant)-VVV entered R25's room. Surveyor asked CNA-VVV what she was going to do. CNA-VVV replied wash R25 up. CNA-VVV then explained she's waiting for the other staff to assist. CNA-VVV informed Surveyor she was going to make sure they know I'm ready and left R25's room while wearing gloves on both hands.</p> <p>At 10:26 a.m., CNA-VVV returned to R25's room stating two CNAs are coming to help.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>At 10:27 a.m. Scheduler-O entered R25's room, washed her hands, and placed gloves on. CNA-VVV removed R25's blue comforter, and Scheduler-O placed a wash basin on R25's over bed table.</p> <p>At 10:31 a.m. CNA-Y entered R25's room washed her hands and placed gloves on. Scheduler-O placed a sheet over R25's gown, asked R25 if she wanted to wash her own face &amp; handed R25 a wash cloth. The head of R25's bed was lowered and Scheduler-O informed R25 she was going to wash her upper body. R25's gown was removed, Scheduler-O washed R25's right upper body while CNA-VVV started to wash R25's left upper body. Scheduler-O asked R25 if she was in pain. R25 replied yes. Scheduler-O asked R25 if she received her pills. R25 replied no, I didn't see the nurse this morning. Scheduler-O informed CNA-VVV &amp; CNA-Y to stop. Scheduler-O removed her gloves, washed her hands, and left R25's room.</p> <p>At 10:43 a.m. Scheduler-O returned to R25's room, washed her hands, placed gloves on and stated she's coming.</p> <p>At 10:45 a.m. LPN (Licensed Practical Nurse)-II entered R25's room and administered medication to R25.</p> <p>At 10:46 a.m. Scheduler-O and CNA-VVV finished washing R25's upper body. Scheduler-O stated to R25 going to cross your leg then stated let me do your front first. Scheduler-O washed under R25's abdominal fold, CNA-VVV &amp; CNA-Y opened R25's legs and Scheduler-O washed R25's frontal perineal area. R25's right leg was crossed over to the left and staff positioned R25 on the left side. Surveyor observed the sheet under R25 had a large yellowish brown urine stain and the incontinence product contained urine. Surveyor asked Scheduler-O if that's a urine stain on the sheet. Scheduler-O replied yes. Scheduler-O washed R25's back and buttocks. Scheduler-O removed a pair of gloves from her hands. Surveyor observed Scheduler-O had been wearing two pairs of gloves. Scheduler-O placed a sheet on the bed and had R25 roll onto her back. CNA-VVV, Scheduler-O &amp; CNA-Y positioned R25 on the right side, CNA-Y washed R25's buttocks and the incontinence product was removed. CNA-Y did not remove her gloves and perform hand hygiene. CNA-Y placed a fitted sheet on the left side of the mattress along with a bath blanket for a draw sheet and an incontinence product was placed under R25. R25 rolled on to her back, a gown and deodorant was placed on R25. CNA-VVV, Scheduler-O &amp; CNA-Y positioned R25 on the left side and the fitted sheet was placed on the right side of the bed. R25 rolled onto her back. R25 stated I feel and smell better. R25 was covered with a sheet and a white blanket. R25 asked are you going to put those on my feet referring to the pressure relieving boots. Scheduler-O replied let me take my gloves off and wash my hands. Scheduler-O removed her gloves, washed her hands and placed the pressure relieving boots on R25. CNA-Y removed her gloves and washed her hands. CNA-VVV removed her gloves and left R25's room with two bags with soiled items. CNA-VVV did not perform hand hygiene prior to leaving R25's room.</p> <p>On 1/28/25, at 11:25 a.m., Surveyor met with LPN (Licensed Practical Nurse)-II who is the facility's infection preventionist. Surveyor asked LPN-II when she would expect staff to perform hand hygiene. LPN-II informed Surveyor they should wash their hands upon entering room, after cleaning a brief, anytime their hands have touched something soiled and before leaving the room. Surveyor asked how many pairs of gloves should staff wear. LPN-II replied one pair at a time. Surveyor asked after performing incontinence cares should staff remove their gloves and perform hand hygiene. LPN-II replied yes I tell them they can't wash their hands enough. Surveyor informed LPN-II of the observations during personal cares Scheduler-O wearing two pairs of gloves and not appropriate hand hygiene during this observation.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/28/25, at 3:32 p.m., NHA (Nursing Home Administrator)-A was informed of the above. No additional information was provided.</p> <p>2.) R24 is on enhanced barrier precautions for wounds.</p> <p>On 1/28/25, at 9:05 a.m., Surveyor observed UM (Unit Manager)-F, who is the facility's wound nurse, place a gown &amp; gloves on and enter R24's room with R24's treatment supplies which were placed on R24's bed. UM-F removed the kerlix gauze &amp; dressing from R24's left heel and the left amputation site. UM-F removed gauze, dressing on R24's right heel &amp; toes, and the gauze in between R24's right toes. UM-F then removed the dressing from the back of R24's left lower leg. Surveyor observed all the soiled items were placed directly on the device between the mattress &amp; foot board. UM-F removed her gloves &amp; gown and stated she was going to get a garbage bag. Surveyor did not observe UM-F perform any hand hygiene prior to leaving R24's room.</p> <p>At 9:10 a.m. UM-F entered R24's room wearing a gown &amp; gloves and brought in R24's breakfast tray sitting the tray on the over bed table. UM-F placed the soiled dressings in the clear plastic bag, moved the garbage can closer with her gloved hand, removed her gloves and placed new gloves on. UM-F did not perform any hand hygiene. UM-F stated she was going to clean the left leg with normal saline. After cleansing with normal saline, UM-F applied medihoney with a cotton applicator on the wound bed, placed calcium alginate over the medihoney and covered the wound with a foam dressing. UM-F stated lets move on to these feet. UM-F applied betadine to the left foot where R24's toes had been amputated, lifted R24's left leg up and applied betadine to the left heel. R24 was able to hold her leg up while UM-F opened the ABD (abdominal) pads. UM-F placed an ABD pad on the left heel &amp; amputation site and wrapped R24's left foot with Kerlix.</p> <p>At 9:17 a.m. UM-F stated one more foot. UM-F applied Betadine to R24's right toes with the exception of the toes that had been amputated. UM-F then applied Betadine to the right heel. UM-F informed Surveyor she's going to take a piece of gauze what they like to call toe floss and weaved the gauze in between R24's right toes. UM-F placed an ABD pad on the right heel, right toes and wrapped the right foot with Kerlix gauze. UM-F informed R24 she was good to go, moved the over bed table closer to R24, removed her gown &amp; gloves and washed her hands.</p> <p>On 1/28/25, at 11:30 a.m. Surveyor asked LPN (Licensed Practical Nurse)-II, who is the facility's infection preventionist when staff should perform hand hygiene during treatment. LPN-II informed Surveyor when get in the room after remove the dressing, after removing gloves, and before leaving the room. Surveyor asked LPN-II if should perform hand hygiene after completing one site if there are multiple areas. LPN-II informed Surveyor one site should be done at a time in case one of the wounds are infected. Surveyor asked after cleansing the wound bed should the nurse remove their gloves and perform hand hygiene prior to completing the treatment. LPN-II informed Surveyor she would have to ask UM-F. Surveyor informed LPN-II Surveyor's concern regarding hand hygiene is with UM-F.</p> <p>On 1/28/25, at 12:49 p.m., Nurse Consultant-EEE informed Surveyor they are doing education for UM-F and LPN-II and after the education they will have to do a competency to ensure what they are educated on is being done.</p> <p>On 1/28/25, at 3:32 p.m., NHA (Nursing Home Administrator)-A was informed of the above. No additional information was provided.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>38829</p> <p>The facility's policy Infection and Control Guidance for COVID-19 last revised 10/25/24 documents:</p> <p>2) Adherence to the core principles of COVID-19 infection and prevention to mitigate risk associated with potential exposure as follows:</p> <ul style="list-style-type: none"> <li>-Facility will provide instructional guidance to all who enter the facility for signs and symptoms of COVID-19</li> <li>-Proper hand hygiene is performed</li> <li>-Staff will wear a well-fitting facemask that fully covers the mouth and nose, in accordance with CDC guidelines</li> <li>-Instructional signage throughout the facility(hand hygiene, face coverings, social distancing, signs and symptoms of COVID-19, infection control precautions)</li> <li>-Appropriate use of Personal Protective Equipment(PPE)</li> </ul> <p>I Implement Source Control Measures</p> <p>5. Eye protection(goggles or a face shield that covers the front and sides of the face) worn during all patient care encounters</p> <p>II. Universal Use of Protective Equipment for Health Care Providers(HCP)</p> <p>1. HCP should always use PPE as described below:</p> <ul style="list-style-type: none"> <li>-NIOSH-approved N95 or higher level respirators should be used for all aerosol-generating procedures or procedures that may cause uncontrolled respiratory secretions. -Eye protection</li> </ul> <p>3. Reference CDS Strategies for Optimizing the Supply of Facemasks and Optimizing Personal Protective Equipment Supplies</p> <p>3.) R33 was admitted to the facility on [DATE] with diagnoses of Pneumocystosis, Immunodeficiency, Chronic Obstructive Pulmonary Disease, Lung Transplant Status, Other Asthma, Dysthymic Disorder, Chronic Kidney Disease, and COVID-19.</p> <p>R33's Quarterly Minimum Data Set(MDS) completed 12/3/24 documents R33's Brief Interview for Mental Status(BIMS) score to be 8, indicating R33 demonstrates moderately impaired skills for decision making. R33's MDS also documents R33 required set-up for eating, partial/moderate assistance for mobility, and substantial/maximum assistance for transfers.</p> <p>R33's electronic medical record(EMR) documents that R33 went to a transplant appointment on 1/17/25 and was transferred to the hospital due to being COVID-19 positive. R33 was readmitted to the facility on [DATE] and placed in isolation until removal from isolation on 1/28/25.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/27/25, at 9:58 AM, Surveyor observed R33's call light on and door open. Surveyor observed a cart outside R33's room and a sign posted on the door of R33's room. Surveyor observed Nursing Home Administrator (NHA)-A go into R33's room. Surveyor notes that NHA-A did not don a gown, mask, gloves, or eye protection. Surveyor observed NHA-A touch R33's overbed table which was next to R33's bed. NHA-A came out of the room and did not put hand sanitizer on or wash NHA-A's hands. NHA-A went down the hallway.</p> <p>On 1/27/25, at 12:43 PM, Surveyor observed the cart outside of R33's room. R33's door was half open. On top of the cart was a box of gloves, and bottle of hand sanitizer on top of the cart. Surveyor counted approximately 9 gowns , approximately 15 eye shields, approximately half box of surgical masks, box of N-95 masks.</p> <p>The mask outside R33's room reads:</p> <p>Special Droplet/Contact Precautions</p> <p>In addition to Standard Precautions Only essential personnel should enter this room.</p> <p>Everyone Must: including visitors, doctors, and staff:</p> <p>Clean hands when entering and leaving the room</p> <p>Wear mask(fit tested N-95 or higher required when performing aerosol-generating procedures)</p> <p>Wear eye protection(faceshield or goggles)</p> <p>Gown and glove at the door</p> <p>Keep Door Closed</p> <p>On 1/27/25, at 1:38 PM, Surveyor interviewed Infection Control Preventionist (ICP)-II. ICP-II confirmed that anyone entering R33's room should wear a mask, preferably a N-95, gown, gloves and eye protection. ICP-II confirmed that anyone entering R33's room should wash hands prior to and upon leaving R33's room. ICP-II informed Surveyor that R33 will be out of isolation on 1/28/25. ICP-II stated that ICP-II is learning infection control on the job.</p> <p>On 1/27/25, at 3:11 PM, Surveyor discussed with NHA-A the above observations. Surveyor shared the concern that COVID-19 precautions were not followed by NHA-A with NHA-A, Director of Nursing (DON)-B, Regional Director (RD)-H, and Nurse Consultant (NC)-EEE. NC-EEE stated that NC-EEE will do training immediately.</p> <p>No additional information was provided.</p>		