STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525424	A. Building B. Wing	02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aria of Brookfield	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)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure prompt resolution of all grievances for 1 of 8 residents (R3) reviewed for grievances.R3's POA (Power of Attorney) voiced concerns related to R3's call light being purposefully disconnected by staff. The facility conducted an investigation but failed to provide follow up to the POA regarding the final results of the investigation into the grievance.Findings includeThe facility's grievance policy states, in part, When a grievance is noted (whether verbal or written), the resident or their representative may speak to any member of the facility staff and report the nature of the grievance or submit a written grievance form .All grievances receive immediate priority and must be investigated with efforts made toward resolution within seven days.The resident will be provided with a verbal follow up to their grievance, including the following information: a) The name of the department head conducting the investigation b) The steps taken to investigate the grievance, c) The final results of the grievance.R3 was admitted to the facility on [DATE]. She has an activated POA.During a state survey on 1/8/26, POA C (R3's POA) indicated to Surveyors that a CNA had purposely unplugged R3's call light and that she (POA C) was concerned for R3's care. POA C indicated to Surveyors at this time that she had told the social worker at the facility when the event occurred, which POA C stated was in October of 2025.The facility submitted a report to the State Agency upon notification from Surveyors on 1/8/26 regarding the complaint. The facility conducted an investigation and submitted its findings to the State Agency.On 2/5/26 at 11:18 AM, Surveyor interviewed NHA A (Nursing Home Administrator) who stated that she was aware that POA C had had a concern regarding R3's care but administration was not aware of the concern until it was brought to their attention on 1/8/26. When asked if the facility had followed up with POA C's concerns, NHA A stated that they had not followed up as they were unable to get a hold of her.On 2/5/26 at 1:35 PM, Surveyor interviewed POA C (via telephone) who stated that she was hoping to get some answers from the facility but had yet to hear from the facility and was unaware of what was going on with R3's care. When asked if the facility had given her any updates throughout the process of the investigation, POA C stated, None.The facility failed to ensure their grievance policy was followed and failed to provide feedback and a resolution promptly to POA C.

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