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	08/27/2025

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 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure residents with pressure injuries received necessary treatment and services consistent with professional standards of practice to promote healing and prevent new pressure injuries from developing for 2 (R5 and R97) of 5 residents reviewed with pressure injuries. *R5 had a history of pressure injuries and was readmitted to the facility on [DATE]. R5’s skin was not comprehensively assessed by a Registered Nurse (RN) upon readmission. On 9/6/2024, R5 was assessed by the Wound Physician and discovered to have a Stage 3 pressure injury to the right buttock, a Stage 3 pressure injury to the left buttock, and a Stage 3 pressure injury to the coccyx and treatments were initiated to the pressure injuries at that time. Surveyor observed R5 repositioning independently in bed and potentially causing shearing to the skin; R5’s Skin Integrity Care Plan had the intervention to use a draw sheet or lifting device to move R5. *R97 was readmitted to the facility after hospitalization with a Stage 3 pressure injury to the right fifth toe, no treatment was ordered for five days, and no treatment was completed to the pressure injury until one week later. Findings include: The facility policy and procedure titled “Wound Management – Wound Prevention and Treatment” dated 10/11/2024 documents: “PROVISION AND PROCEDURE: … 2. Upon admission, the resident will receive a head-to-toe skin check to identify any skin issues. An RN will assess any noted pressure injuries and complete an initial comprehensive assessment. … 5. Daily, during routine care, the Certified Nursing Assistant (CNA) will observe the resident’s skin. When abnormalities are noted, this will be communicated to the licensed nurse, and the licensed nurse will evaluate and implement a skin event if applicable. An RN will assess any noted pressure injuries and complete an initial comprehensive assessment.” 1.) R5 was admitted to the facility on [DATE] with diagnoses of congestive heart failure, diabetes, morbid obesity, chronic respiratory failure, below the knee amputation of the right leg, above the knee amputation of the left leg, and peripheral vascular disease. R5’s Annual Minimum Data Set (MDS) assessment dated [DATE] documented R5 was cognitively intact with a Brief Interview for Mental Status (BIMS) score of 15. R5’s Skin Integrity Care Plan was initiated on 10/19/2022 on admission. The following interventions were in place on 10/30/2023:-Encourage and assist to reposition every 2-3hrs and upon request.-Use a draw sheet or lifting device to move resident.-Bilateral grab bars to aid with (continued on next page)

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525424	A. Building B. Wing	08/27/2025

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 0686 Level of Harm - Actual harm Residents Affected - Few	independence and bed mobility. R5 had a history of skin impairment to multiple areas with previous pressure injuries and non-pressure injuries to R5's left and right buttocks and the sacrum or coccyx. R5's Skin Impairment/Wound Evaluation form dated 8/16/2024 documented that R5 had moisture associated skin damage (MASD) to the right thigh and left buttock. R5's progress note dated 8/23/2024 at 12:07 PM documented that R5 had a critical lab that was called in that morning and the Nurse Practitioner (NP) was notified of the lab result. The NP gave an order to send R5 to the hospital for evaluation. At 6:56 PM in the progress notes, nursing documented R5 was admitted to the hospital for cellulitis. On 8/29/2024 on the hospital discharge record, the physician documented R5 had a diagnosis of cellulitis to the pannus (tissue and fat that hangs down from the abdomen). No other skin alterations or wounds were documented. R5 was readmitted to the facility on [DATE]. R5’s hospital record did not document any wounds to the skin. R5's Readmissions Data Collection Tool dated 8/29/2024 and written by Licensed Practical Nurse (LPN)-V documented on the Skin Section of the form R5 had redness to the coccyx, the left buttock, and the right buttock. The areas were not measured, and no characteristics of the areas were documented, such as if the redness was blanchable or had any raised or open areas. No documentation was found of an RN assessing R5’s skin. On 9/6/2024, R5 was seen by the Wound Physician on scheduled weekly rounds. R5 had last seen the Wound Physician on 8/16/2024 prior to R5’s hospitalization. On 9/6/2024 on the Skin Impairment/Wound Evaluation form, nursing documented R5 had a Stage 3 pressure injury to the right buttock that measured 1.6 cm x 1 cm x 0.1 cm with 50% granulation tissue and 50% slough, a Stage 3 pressure injury to the left buttock that measured 1.7 cm x 0.8 cm x 0.1 cm with 100% granulation tissue, and a Stage 3 pressure injury to the coccyx that measured 2.63 cm x 0.9 cm x 0.1 cm with 100% granulation tissue. All three pressure injuries were surgically debrided by the Wound Physician and a treatment of Medihoney was initiated at that time. Surveyor noted no treatments, such as barrier cream, was in place prior to the discovery of the pressure injuries. No documentation was found of the pressure injuries being discovered prior to R5 being assessed by the Wound Physician on scheduled rounds or any notification of any skin impairment. R5’s Skin Integrity Care Plan had been revised on 9/10/2024 with documentation R5’s Stage 3 pressure injuries to the right buttock the left buttock and the coccyx were present on readmission on [DATE]. Surveyor noted R5 was readmitted to the facility on [DATE] and no comprehensive assessment had been completed or documented prior to 9/6/2024 when R5 was seen by the Wound Physician. R5’s left buttock Stage 3 pressure injury healed on 9/13/2024 and reopened on 11/6/2024. On (continued on next page)

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	08/27/2025

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 0686 Level of Harm - Actual harm Residents Affected - Few	8/20/2025 on the Skin Impairment/Wound Evaluation form, R5’s left buttock Stage 3 pressure injury measured 2.5 cm x 1.2 cm x 0.1 cm with 40% epithelial tissue and 60% granulation tissue. R5’s right buttock Stage 3 pressure injury healed on 10/30/2024, reopened on 11/13/2024, healed on 1/22/2025, reopened on 4/30/2025 after readmission from the hospital, healed on 6/4/2025, reopened on 6/11/2025, healed on 6/25/2025, and reopened on 7/23/2025. On 8/20/2025 on the Skin Impairment/Wound Evaluation form, R5’s right buttock Stage 3 pressure injury measured 1.5 cm x 1 cm x 0.1 cm with 100% granulation tissue. R5’s coccyx Stage 3 pressure injury healed on 10/2/2024. On 8/24/2025 at 1:04 PM, Surveyor observed R5 lying in bed on R5’s back with the head of the bed elevated at approximately 30 degrees. R5 had a pillow under the head. No other pillows or positioning devices were observed in R5’s bed or room. Surveyor asked R5 if R5 had concerns with open areas to the skin. R5 stated R5 had a pressure injury to the backside for about one year and it was tiny but just would not close up. In an interview on 8/25/2025 at 3:28 PM, Surveyor asked Wound Nurse (WN)-F if WN-F was familiar with R5. WN-F stated yes. Surveyor shared with WN-F the concern R5 was not assessed by an RN when readmitted on [DATE] and on 9/6/2024, when R5 was seen by the Wound Physician, R5 had developed three Stage 3 pressure injuries, and no treatments were in place prior to 9/6/2024 to prevent any skin breakdown. WN-F stated WN-F would see if WN-F could find any information to fill in the gaps with the assessments and treatments. On 8/26/2025 at 9:31 AM, Surveyor observed LPN-AA complete wound care to R5. R5 was lying in bed on the back with the head of the bed elevated approximately 30 degrees. R5 had a pillow under the head. No other pillows or positioning devices were observed in R5’s bed or room. LPN-AA asked R5 to roll to the left side which R5 was able to do independently by using the enabler bar on the side of the bed. R5 had a wound to the coccyx that measured approximately 2 cm x 2 cm x 0.1 cm with clean pink tissue to the wound bed. Surveyor noted documentation was of a wound to the right buttock and not the coccyx. R5 had a wound to the left buttock adjacent to the coccyx wound that measured approximately 2 cm x 2 cm x 0.1 cm with active bleeding and a pink wound base. A smaller area below the left buttock wound, appearing like a puncture wound, had serosanguineous fluid leaking out of the wound. The wound measured less than 0.5 cm x 0.5 cm, and the wound bed was not visible. R5 had excoriation to the lower right and left buttock that appeared to have barrier cream remnants still in place. A single dressing was placed over all three open areas after collagen was applied. After LPN-AA had completed the dressing change, R5 independently rolled back onto the back, lowered the head of the bed with the feet elevated, and grabbed onto the headboard with both hands and pulled so R5 was positioned at the top of the bed. R5 did not ask for assistance and no draw sheet was observed to be in place on the air mattress. Surveyor noted additional shearing may have occurred due to no assistance with positioning. In an interview on 8/26/2025 at 12:57 PM, Surveyor asked Director of Nursing (DON)-B what the facility protocol for assessing skin was when either a new admission comes to the facility or when a resident is readmitted to the facility. DON-B stated the nurse that is assigned to the unit does the initial skin assessment, but within 24 hours WN-F does a skin sweep as well. DON-B stated newly admitted and readmitted residents should have a skin assessment done. Surveyor shared with DON-B the concern an LPN assessed R5 on readmission documenting redness to the right buttock, left buttock, and coccyx and did not have a comprehensive skin assessment until 9/6/2024 when the (continued on next page)

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	08/27/2025

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 0686 Level of Harm - Actual harm Residents Affected - Few	Wound Physician found R5 to have three Stage 3 pressure injuries. On 8/27/2025 at 8:27 AM, Surveyor observed R5 to be lying on the back with the head of the bed elevated approximately 30 degrees with a pillow under the head. No other pillows or positioning devices were observed in R5’s bed or room. Surveyor asked R5 if staff ever put pillows behind R5’s back or hip to keep pressure off R5’s bottom or encouraged or assisted R5 to move onto the side. R5 stated no. R5 stated no one had ever offered pillows and would not have said no if they had asked. In an interview on 8/27/2025 at 8:33 AM, Surveyor asked CNA-L if R5 needed assistance with bed mobility or positioning and if R5 needed to be turned, how often would that be done. CNA-L stated CNA-L did not know because this was the first time CNA-L had worked with R5. Surveyor asked CNA-L where CNA-L would look to see how much assistance R5 needed. CNA-L stated CNA-L would ask the nurse. CNA-L talked to LPN-Q and CNA-L told Surveyor R5 should get turned every two hours with staff assistance. In an interview on 8/27/2025 at 8:36 AM, Surveyor asked CNA-BB if CNA-BB was familiar with R5. CNA-BB stated CNA-BB has worked with R5. Surveyor asked CNA-BB how much assistance R5 needed to turn in bed. CNA-BB stated R5 is able to turn independently in bed so does not need any help turning. CNA-BB stated R5 grabs onto the side bar and can put the leg over independently. On 8/27/2025 at 11:23 AM, Surveyor met with Director of Quality Assurance (DirQA)-CC and WN-F to discuss the concerns Surveyor had shared with WN-F and DON-B regarding R5’s readmission skin assessment and discovery of the three Stage 3 pressure injuries. DirQA-CC stated WN-F was not the wound care nurse in August 2024, so DirQA-CC was trying to help WN-F figure out what happened at that time. Surveyor shared with DirQA-CC and WN-F R5’s Skin Integrity Care Plan documented R5 came back to the facility with the Stage 3 pressure injuries on 9/2/2024 even though R5 returned on 8/29/2024. DirQA-CC stated DirQA-CC saw the documentation of the redness to the right buttock, the left buttock, and the coccyx and it was not known if the redness was blanchable or not. DirQA-CC stated DirQA-CC would have liked to see more description of the area but stated barrier cream had been ordered at that time and that would have been appropriate for redness. Surveyor noted R5 did not have any orders for barrier cream at the time of readmission. DirQA-CC provided an Unavoidable Pressure Injury Tool form completed by the physician on 11/6/2024 showing comorbidities that were causing the wound to reopen. DirQA-CC stated with modalities in place, the wound should have healed so they met with the physician to discuss what was going on with R5. Surveyor shared the concern that if R5 did have redness on readmission, the Stage 3 pressure injuries would have developed prior to the Wound Physician assessing them on 9/6/2024 and there is no documentation showing anyone reporting open areas or assessing them when found. Surveyor shared with DirQA-CC and WN-F the conversations with CNA-L and CNA-BB about repositioning; CNA-L was not aware R5 needed repositioning and CNA-BB stated R5 repositions independently. Surveyor shared the observation of no pillows or positioning devices in R5’s room and the conversation with R5 of never being positioned on the side. WN-F stated WN-F had seen pillows under R5 at times and knows R5 needs more assistance when ill and then is much more independent with bed mobility when feeling better. Surveyor shared the observation of R5 repositioning independently to boost up in bed and the concern excessive shearing was possible with no assistance of a lift sheet. No additional information was provided. 2.) R97 was readmitted to the facility on [DATE] with diagnoses of paraplegia and a pressure injury. (continued on next page)

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	08/27/2025

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 0686 Level of Harm - Actual harm Residents Affected - Few	R97 is alert and able to make his needs known.The wound assessment upon readmission on [DATE] documents, Stage 3 pressure injury of right 5th toe measuring 1.5 cm by 0.5 cm by 0.2 cm with 80% granulation and 20% slough. The physician orders do not reflect any treatment orders for the right 5th toe pressure injury. On 6/30/25, the physician orders document, wound care for right 5th toe: cleanse with normal saline, apply medihoney and calcium alginate with silver f/b (followed by) foam border dressing. Daily and PRN (as needed). The TAR (treatment administration record) for June 2025 documents wound care for right 5th toe: cleanse with normal saline, apply medihoney and calcium alginate with silver f/b (followed by) foam border dressing. Daily and PRN (as needed). The TAR has this order under the PRN orders and no daily scheduled treatment orders is documented. The June 2025 TAR indicates no treatment for the right 5th toe is completed. R97’s impaired skin integrity care plan dated 5/6/25 documents provide pressure relieving device (s): APM (alternating pressure mattress); offloading heels boots, turn and position as necessary, follow facility protocols for treatment of injury. The medical record indicates on 7/2/25 Wound MD assessed the right 5th toe pressure injury and debrided the wound and now the area measures 1 cm by 1.3 cm by 0.3 cm with 60% granulation and 30% necrotic tissue and 10% tendon. The treatment for the wound remained the same. The TAR reflects the daily treatment order on 7/2/25. The 8/21/25 wound evaluation documents the right 5th toe pressure injury measures 0.8 cm by 1 cm by 0.1 cm with 100% granulation. The treatment is cleanse with normal saline, apply methylene blue foam f/b gauze border dressing; 3x/week and PRN every day shift every Mon, Wed, Fri AND as needed. On 8/27/25 at 8:34 a.m. Surveyor observed R97's treatment to the right 5th toe. Wound Nurse-F performed the treatment. No concerns were noticed with the treatment. On 8/27/25 at 8:46 a.m. Surveyor interviewed Wound Nurse-F. Surveyor asked Wound Nurse-F who is responsible for putting in treatment orders when a resident is admitted or readmitted to the facility. Wound Nurse-F stated either she or another wound nurse will do it. Wound Nurse-F stated if they are not around then the admitting nurse will do it. Surveyor explained the concern R97 was readmitted to the facility on [DATE] with the right 5th toe pressure injury and there wasn’t an order until 6/30/25 but in the TAR it was documented as PRN and it looks like a treatment wasn’t completed until 7/2/25. Wound Nurse-F stated she would look into it. On 8/27/25 at 11:41 a.m. Surveyor interviewed Wound Nurse-F again. Wound Nurse-F stated she placed the treatment order on 6/30/25. Surveyor explained no treatment was documented as being completed until 7/2/25. Wound Nurse-F stated she understood the concern and the treatment order should have been ordered and placed in the TAR on 6/27/25 and treatment should have been completed.

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	08/27/2025

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 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based upon interview and record review, the facility did not ensure the mandatory staffing data, submitted for the second quarter of 2025 (January 1- March 31) was accurate, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS (Centers for Medicare and Medicaid Services). During review of the payroll-based-journal (PBJ) staffing data for the facility, the facility was triggered for excessively low weekend staffing. This had the potential to affect all 102 residents.Findings include:On 8/25/25 The facility's assessment was reviewed, including staffing hours and acuity levels of care being provided. The facility's assessment documented staffing needs in the facility. The facility's schedules were reviewed for the quarter of 1/1/25 to 3/31/25. No low weekend staffing was identified and call ins were replaced in most cases. On 8/25/2025, at 1:37 PM, Surveyor interviewed Director of Recruitment (DOR)-Z via phone. DOR-Z submits the PBJ staffing reports to CMS for the facility. DOR-Z stated all he does is put in the staffing data, DOR-Z stated that he does not get any alerts for low staffing and has not seen any indications of low staffing at the facility. On 8/25/25, at 2:16 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A regarding any low weekend staffing. NHA-A indicated she was not aware of having low staffing on the weekends.No additional information was provided as to why the facility did not ensure that mandatory staffing data, submitted for the second quarter of 2025 (January 1- March 31) was accurate, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS.

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	08/27/2025

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility did not ensure resident's that were transferred to the hospital received the required notice information. This was observed with 5 (R65, R13, R10, R4 and R58) of 6 residents reviewed that were transferred out of the facility. * R65, R13, R10, R4 and R58, did not receive written notice at the time of transfer that included: A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and [NAME] of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. The facility did not provide a facility policy and procedure related to transfer notice requirements. Findings include: 1.) On 8/24/2025, at 10:37 AM, Surveyor interviewed R65 in their room. R65 stated they could not recall details of why they went out to the hospital and thought maybe there was an infection. R65 has returned to the same room. R65's medical record was reviewed. R65 is their own person and is in the facility for wound care. R65 was transferred to the hospital on 8/2/25 for a change in condition and returned on 8/7/25. R65 was transferred to the hospital on 7/22/25 for a change in condition and returned 7/29/25. R65's medical record did not contain documentation of the required notice information for the 2 hospital transfers. On 8/25/2025, at 11:20 AM, Surveyor requested R65's transfer notice information from Nursing Home Administrator (NHA) –A. NHA-A stated the process is the Social Worker completes the bed-hold, and the floor nurse provides the transfer notice. On 8/26/202, at 9:12 AM, NHA-A spoke with Surveyor. NHA-A did not provide written transfer notices for R65's transfers from the facility. The facility does not have a policy and procedure for transfer notice requirements 2.) R13 is their own person and did not want to be interviewed. R13's medical record was reviewed. R13 was transferred to the hospital on 6/19/25 for a change in condition and returned on 6/23/25. R13 was transferred to the hospital on 4/26/25 for a change in condition and returned on 4/29/25. (continued on next page)

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	08/27/2025

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R13's medical record did not contain documentation of the required notice information for the 2 hospital transfers. On 8/25/2025, at 11:20 AM, Surveyor requested R13 transfer notice information from Nursing Home Administrator (NHA) –A. The NHA-A stated the process is the Social Worker completes the bed-hold, and the floor nurse provides the transfer notice. On 8/26/202, at 9:12 AM, The NHA-A spoke with Surveyor. The NHA-A did not provide written transfer notices for R13's transfers from the facility. The facility does not have a policy and procedure for transfer notice requirements 3.) R10 was admitted to the facility on [DATE] with diagnoses of Anemia (a decrease of iron levels in the blood) and Heart Failure. On 8/24/25, Surveyor reviewed R10's Electronic Medical Record. R10 was transferred to the hospital on 7/21/25 for a change in condition and returned on 7/22/25. On 8/25/2025 at 11:25 AM, Surveyor requested transfer notice information from Nursing Home Administrator (NHA) –A. NHA-A stated the process is the Social Worker completes the bed-hold, and the floor nurse provides the transfer notice. On 8/26/2025 at 9:12 AM, NHA-A spoke with Surveyors. NHA-A did not provide written transfer notices for R10's transfer from the facility. The facility does not have a policy and procedure for transfer notice requirements 4.) R4 was admitted to the facility on [DATE] with diagnoses of Anemia (a decrease of iron levels in the blood), Heart Failure and Coronary Artery Disease (a narrowing or blockage of the arteries to the heart). On 8/24/25, Surveyor reviewed R4's Electronic Medical Record. R4 was transferred to the hospital on 3/12/25 for a change in condition and returned on 3/20/25. On 8/25/2025 at 11:25 AM, Surveyor requested transfer notice information from Nursing Home Administrator (NHA) –A. NHA-A stated the process is the Social Worker completes the bed-hold, and the floor nurse provides the transfer notice. On 8/26/2025 at 9:12 AM, NHA-A spoke with Surveyors. NHA-A did not provide written transfer notices for R4's transfer from the facility. The facility does not have a policy and procedure for transfer notice requirements 5.) R58 was admitted to the facility on [DATE] with diagnoses of metabolic encephalopathy (a brain dysfunction caused by metabolic disruptions possibly from liver or kidney disease), congestive heart failure, sever protein-calorie malnutrition, chronic kidney disease, and anxiety. R58 was transferred to the hospital on 7/23/2025 after a fall and returned on 7/24/2025. R58's medical record did not contain documentation of the required transfer notice information for the hospital transfer. (continued on next page)

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	08/27/2025

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 8/25/2025 at 11:20 AM, Surveyor requested from Nursing Home Administrator (NHA)-A R58's transfer notice information for R58's transfer to the hospital on 7/23/2025. NHA-A stated when the resident leaves the facility, the Social Worker completes the bed hold and the floor nurse provides the transfer notice to the resident. NHA-A stated the facility keeps the bed hold from and the transfer notice goes with the resident. NHA-A provided R58's form with medical information that is given to the hospital, but did not have a form with the required appeal information. On 8/26/2025 at 9:12 AM, NHA-A stated no written transfer notice was given to R58 when transferred to the hospital. The facility did not have a policy and procedure for transfer notice requirements.

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	08/27/2025

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the Facility did not provide pharmaceutical services that assure proper dispensing of medications, did not ensure drug records are in order, and/or all controlled drugs are maintained and periodically reconciled. *The Facility did not ensure controlled substance logs were maintained for periodic reconciliation on units 1 [NAME] and 2 South. *The Facility did not ensure medication refrigerators were monitored for temperature control and did not ensure corrective action was implemented for frost accumulation build up for the medication refrigerators on 1 E/W (east/west) and 2 South. * R120 was observed to have a lidocaine patch dated 8/22/25 on 8/25/25 when the nurse went to place a new lidocaine patch. R120 was to have a new patch placed in the mornings and removed at bedtime on 8/23/25 & 8/24/25 to help control pain from rib fractures these were not administered to R120. Findings include: The Facility's policy titled, “CONTROLLED SUBSTANCE STORAGE”, with no date, documents “.E. At each shift change, or when keys are transferred, a physical inventory of all controlled substances, including refrigerated items is conducted by two licensed nurses and is documented . * On 08/26/2025, at 10:43 AM, Surveyor reviewed The Facility's Narcotic count log for unit 2 South's medication cart, with RN-R. Surveyor noted 2 Narcotic Count Books, both have multiple dates where there were not 2 signatures by licensed nurses. Surveyor requested copies of the Facility's narcotic medication count logs for 2 South. Surveyor received a copy of the Facility's documents, titled “Nurse to Nurse Controlled Substance Count Verification” and noted the following in Book 1 for unit 2 South: 07/25/2025- 1 nurse signature for second shift 07/25/2025- No nurse signatures for third shift 07/26/2025- No signatures for first, second and third shift 07/27/2025- No signatures for first, second and third shift 07/28/2025- 1 nurse signature for first shift 07/28/2025- 1 nurse signature for third shift 07/29/2025- No nurse signatures for third shift 07/30/2025- No nurse signatures for first, second and third shift (continued on next page)

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	08/27/2025

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	07/31/2025- 1 nurse signature for first shift 07/31/2025- 1 nurse signature for second shift 07/31/2025- No nurse signatures for third shift 08/01/2025 – No nurse signatures for first, second and third shift 08/02/2025- No time- 1 nurse signature 08/03/2025- 1 nurse signature for second shift 08/04/2025- 1 nurse signature for first shift 08/04/2025- no signatures for second shift 08/04/2025- 1 nurse signature for third shift 08/05/2025- 1 nurse signature for first shift 08/05/2025- No signatures for second shift 08/05/2025- 1 nurse signature for third shift 08/06/2025- 1 nurse signature for first shift 08/06/2025- No signatures for second shift 08/06/2025- 1 nurse signature for third shift 08/07/2025- 1 nurse signature for third shift 08/08/2025- No signatures for first, second or third shift 08/09/2025- No signatures for first or second shift 08/09/2025- 1 nurse signature for third shift 08/10/2025- 1 nurse signature for first shift 08/10/2025- No signatures for second shift 08/10/2025- 1 nurse signature for third shift 08/12/2025- 1 nurse signature for third shift 08/14/2025- 1 nurse signature for first shift 08/14/2025- No signatures for second or third shift (continued on next page)

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	08/27/2025

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	08/15/2025- No signatures for first, second or third shift 08/16/2025- No time- 1 nurse signature 08/17/2025- No nurse signatures for first shift 08/18/2025- 1 nurse signature for first shift 08/18/2025- No nurse signatures for second shift 08/18/2025- 1 nurse signature for third shift 08/19/2025- No nurse signatures for third shift 08/20/2025- No nurse signatures for second or third shift 08/23/2025- No nurse signatures for second or third shift Book 2: 07/18/2025- 1 nurse signature for second and third shift 07/19/2025- 1 nurse signature for second shift 07/24/2025- 1 nurse signature for third shift 07/26/2025- 1 nurse signature for first shift 07/26/2025- No nurse signatures for third shift 07/27/2025- No nurse signatures for third shift 07/29/2025- No nurse signatures for third shift 07/31/2025- 1 nurse signature for second shift 08/01/2025- 1 nurse signature for first and second shift 08/01/2025- No nurse signatures for third shift 08/02/2025- No nurse signatures for third shift 08/02/2025- 1 nurse signature for second shift 08/03/2025- 1 nurse signature for first and second shift 08/04/2025- 1 nurse signature for second and third shift 08/07/2025- 1nurse signature for third shift (continued on next page)

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	08/27/2025

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	08/08/2025- No nurse signatures for first, second or third shift 08/09/2025- No nurse signatures for first and second shift 08/09/2025- 1 nurse signature for third shift 08/10/2025- 1 nurse signature for first shift 08/010/2025- No nurse signatures for second shift 08/14/2025- 1 nurse signature for second shift 08/14/2025- No nurse signatures for third shift 08/15/2025- No nurse signatures for first, second or third shift 08/16/2025- No nurse signatures for third shift 08/17/2025- No nurse signatures for first shift 08/17/2025- 1 nurse signature for second shift 08/18/2025- 1 nurse signature for first shift 08/18/2025- No nurse signatures for second shift 08/18/2025- 1 nurse signature for third shift On 08/26/2025, at 10:55 AM, Surveyor asked Assistant Director of Nursing (ADON)-C the expectation of nurses during narcotic medication count. ADON-C indicated that 2 nurses need to sign to verify narcotic medication counts and should be done at every change of shift. On 08/26/2025, at 11:28 AM, Surveyor reviewed the narcotic count logs with Licensed Practical Nurse (LPN)-S on the first floor, unit 1 West. Surveyor noted days without 2 nurse signatures in the Facility's narcotic control count log. Surveyor received copies of the Facility documents titled, “Nurse to Nurse Controlled Substance Count Verification” for 1 [NAME] and noted the following: 07/29/2025- 1 nurse signature for third shift 08/11/2025- No nurse signatures for second and third shift On 08/26/2025, at 2:08 PM, Surveyor interviewed Director of Nursing (DON)-B. DON-B indicated nurses should be documenting narcotic counts at the beginning of every shift with 2 nurses, and when a nurse gives anyone keys to go to lunch or anything a count should be done and documented. * On 08/26/2025 11:13 AM, Surveyor observed the medication room on the second floor, 2 South unit with ADON-C. Surveyor noted the medication refrigerator did not have a log of the temperatures. ADON-C indicated there should be a log but would need to look for it. Surveyor noted major frost build (continued on next page)

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	08/27/2025

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	up in the medication refrigerator coming from the freezer area. On 08/26/2025, at 12:33 PM, Surveyor observed the medication room on the first floor, 1 East/West, with Licensed Practical Nurse (LPN)-Q. Surveyor noted the medication refrigerator log has not been updated since July 2025. Surveyor asked LPN-Q where the thermometer is located for the medication refrigerator. LPN-Q was not able to locate a thermometer inside of the medication refrigerator. On 08/26/2025, at 2:12 PM, Surveyor interviewed DON-B and informed her of Surveyor's concerns. DON-B indicated that DON-B contacted maintenance a couple week ago to replace the refrigerator on the second floor 2 South unit. DON-B provided Surveyor with a screen shot copy of the conversation DON-B had with maintenance, dated 07/11/2025, indicating the 2 South refrigerators would not close due to huge piece of ice hanging over the freezer and indicated possibly moving the refrigerator from 2 East/West to 2 South until 2 South refrigerator defrosts. DON-B informed Surveyor that maintenance is now replacing the refrigerator on 2 South. DON-B informed Surveyor that all medication fridges should have a thermometer, and temperatures should be logged. On 08/26/2025, at 3:19 PM, Surveyor informed the Facility of the concerns. No further information was provided at time of write up * R120 was admitted to the facility on [DATE] with diagnosis that included fracture of the ribs. On 8/25/25 at 8:35 AM, Licensed Practical Nurse (LPN)-X was observed preparing medication for R120. LPN-X opened a Lidocaine 5% patch and put the date of 8/25/25 on it. LPN-X then lifted R120's shirt and a lidocaine patch was already present on R120's right rib area. The patch was dated 8/22/25. LPN-X removed the old patch and placed the new patch. R120 indicated she wondered why she hadn't been getting the patch everyday as it helps with her rib fracture pain. Immediately after the observation LPN-X was interviewed and indicated the Lidocaine patch should be put on in the morning and taken off before bed. On 8/25/25, R120's current physician orders were reviewed and documented: Lidocaine patch 5% apply one patch transdermally every morning. On in AM off at bedtime. On 8/25/25, R120's medication administration record for the Lidocaine 5% patch was reviewed and was signed out as placed in the morning and removed at bedtime from 8/22/25 to 8/22/25 bedtime. R120 was admitted in the evening on 8/22/25 so the patch placed at the hospital should have been removed on 8/22/25 at bedtime and replaced in the morning on 8/23/25 and 8/24/25. It appears prior to 8/25/25 she never received the Lidocaine 5% patch while in the facility. The above findings were shared with Nursing Home Administrator-A and DON-B on 8/26/25 at 10:30 AM. Additional information was requested, if available. None was provided as to why R120's Lidocaine orders were not followed.

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	08/27/2025

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, drugs used in the facility were not labeled in accordance with currently accepted professional principles, to include the expiration date when applicable for 2 of 2 medication carts observed.- 2 bottles of controlled narcotic medications were found in the top drawer of the medication cart, outside of the narcotic lock box. -numerous stock medications were observed on the carts past the manufacturers expiration date. -8 residents (R13, R53, R65, R29, R85, R88 and R84) of 8 resident using insulin pens did not have an open date and/or were past the discard date.-an unlabeled 1 milliliters (ml) syringe, with unknown clear liquid, was observed in the top drawer of medication cart. - 9 loose, unknown pills were found throughout the medication cart, the first 2 were thrown into the regular garbage.Findings include:The Facility's policy, titled CONTROLLED SUBSTANCE STORAGE, with no date, documents, . B. Schedule [II-V] medications and other medications subject to abuse or diversion are stored in a permanently affixed, [double-locked] compartment separate from all other medications or per state regulation.I. Controlled substances remaining in the facility after the order has been discontinued or the resident has been discharged are retained in the facility in a securely locked area with restricted access until destroyed. The Facility's policy, titled VIALS AND AMPULES OF INJECTABLE MEDICATIONS, with no date, documents .The Facility's policy, titled STORAGE OF MEDICATIONS, with no date, documents, . H. Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from inventory, disposed of according to procedures for medication disposal . On [DATE], at 9:41 AM, Surveyor observed the Facility's medication cart on the second floor, unit 2 South cart A, with Registered Nurse (RN)-R. Surveyor noted the following medications to be past manufacturer expiration date:-Vitamin B-12 100 micrograms (mcg)- expired 5/2025- Vitamin E 90 milligrams (mg)- expired 6/2024-Calcium Carbonate 500mg- expired 6/2025-UTIHealth, liquid cranberry- expired [DATE]-Geridryl antihistamine- diphenhydramine 12.5mg/5ml- expired 7/2025 Surveyor noted the following for Insulin pens, with a discard after 28 days of opening label:-R4's Glargine, 100 units per ml- used, with no opened date-3 of R4's Lantus, 100 units per ml- used- with no opened date-R88's Lispro Kwick pen- used- no opened date-R85's Insulin pen- opened [DATE]. RN-R informed Surveyor that the medication should have been discarded and is after the 28 days from the open date.On [DATE], at 9:58 AM, Surveyor noted a 1ml syringe, unlabeled, with a unknown clear liquid. RN-R informed Surveyor the syringe contained heparin for R84. RN-R was about to start passing R84's medications but a different resident requested medication and RN-R left the syringe with heparin in the cart because the heparin was already drawn up. Surveyor also noted 2 unknown loose pills in top drawer. RN-R discarded the unknown pills into the medication cart garbage can. On [DATE], at 10:09 AM, Assistant Director of Nursing (ADON)-C came to observe the rest of the medication cart with RN-N and Surveyor. Surveyor asked about loose medications that are found in the medication cart, ADON-C indicated that if loose pills are found in the medication cart, they should be discarded- and would expect the unknown medication to be put in the pill dissolver solution. ADON-C indicated it is not ok to put unknown medications into the regular garbage. ADON-C indicated that the syringe with the unknown liquid, should have been labeled with the medication, residents name and time if the nurse must walk away. On [DATE], at 10:13 AM, Surveyor observed controlled medications in top drawer of the medication cart, not in the narcotic lock box. Surveyor noted the following medications: tramadol 50mg and oxycodone 5mg tablet. RN-R explained that RN-R does not have the resident listed on the medication bottle on RN-R's unit. ADON-C indicated it may be a resident that may have been discharged . ADON-C informed Surveyor the medication should have been destroyed or sent with the resident but would need to look into it further.On [DATE], at 2:06 PM, (continued on next page)

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	08/27/2025

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Surveyor interviewed Director of Nursing (DON)-B. DON-B indicated that the controlled narcotic medications should have been sent home with resident when the resident was discharged on [DATE] and should be in the locked narcotic drawer not in the top drawer of the medication cart. DON-B informed Surveyor the nurse should be labeling the already drawn up medication, if the nurse needs to walk away.On [DATE], at 11:28 AM, Surveyor observed the Facility's medication cart on the first floor, 1 [NAME] unit with LPN-S. Surveyor noted the following Medications past the manufacturers expiration date:-Calcium with vitamin D- expired 07/2025-aspirin 325 mg- expiration date rubbed off- unknown expiration- LPN-S took out of circulationSurveyor noted the following for a prescribed medication and Insulin pens:-2 incruse ellipta inhalers- - unlabeled- iron supplement liquid- expired 08/2024-Lantus house insulin pen- unlabeled- used- no open date-Lispro house insulin pen- unlabeled- used - no open date- R65's insulin degludec flex touch 200u/ml- used- opened [DATE] x-[DATE]-R53's Lantus 100u/ml- used- no open date-R13's insulin 100u/ml opened 7/25- x-[DATE]-R13's insulin glargine- 100u/ml opened 7/25 x- 8/23-R29's lispro insulin kwick pen- used - no open dateLPN-S took all the above medication out of circulation, informing surveyor they should be discarded.On [DATE], at 1:54 PM, Surveyor interviewed Director of Nursing (DON)-B and informed DON-B of the above concerns. DON-B informed Surveyor medications should have the date they are opened on medications and informed Surveyor cart audits should be getting done by pharmacy but should be done by staff in between. DON-B indicated that for stock medications, the Facility goes by the manufacturers expiration date and those medications that are expired should be removed from the cart. DON-B informed Surveyor that DON-B just took over the DON role about 2 weeks ago but will be providing reeducation to nursing staff.On [DATE], at 3:19 PM, Surveyor informed the Facility of the above concerns. No further information provided at time of write up

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	08/27/2025

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility did not store and prepare food in accordance with professional standards for food service safety potentially affecting all residents that eat food prepared by the facility. *In the facility's main kitchen, observations of partially used and undated food were observed in the walk-in cooler, and a container with egg salad wrote on the label with an expired-on date that was already passed was observed. Open food was observed in the refrigerator in the resident 2nd floor main kitchen with no open or use by date. *Resident refrigerators on both floors had unlabeled and undated food items inside of them. Both resident refrigerators also had spilled liquids inside of them. *The resident refrigerator on the second floor in the 2 South medication room was observed to have multiple food items in the freezer that were unlabeled and there was an unknown brown matter, that appeared to have been a liquid spill that froze. *The first-floor resident refrigerator in the 1 East/West medication had brown liquid spills and numerous unlabeled food items. Findings include: The facility policy and procedure manual titled Food Storage, dated 3/2023 documents: Policy: Sufficient storage facilities will be provided to keep foods safe, wholesome, and appetizing. Food will be stored in an area that is clean, dry and free of contaminants. Food will be stored at appropriate temperatures and by methods designed to prevent contamination or cross-contamination. Procedure: . 11. Leftover food will be stored in covered containers or wrapped carefully and securely. Each item will be clearly labeled and dated before being refrigerated. … 12. … f. All food should be covered, labeled and dated. All foods will be checked to assure that foods (including leftovers) will be consumed by their safe use by dates, or frozen (where applicable), or discarded.” Food Storage Observations: On 8/24/2025, at 8:37 AM, Surveyor observed 3 bowls of oatmeal in the kitchen walk in cooler, not labeled or dated with an open or use by date. Surveyor observed a bowl with a label documented with egg salad on the container, dated 8/12/2025 and a documented use by date of 8/19/2025. [NAME] Supervisor-EE also observed that the label for egg salad was past the use by date, and that there were 3 bowls of oatmeal in the walk-in cooler that did not have a label on them. [NAME] Supervisor-EE stated that the food is supposed to be labeled and dated. [NAME] Supervisor-EE pulled the unlabeled oatmeal from the cooler and stated they will be disposing of the expired egg salad. On 8/25/2025, at 12:15 PM, Surveyor made observations of the resident's (2nd floor) refrigerator that was in the kitchenette located in the main dining area on the 2nd floor. Surveyor observed prune juice and thickened lemon water in the refrigerator that were not labeled or dated. Dietary manager-D was in the kitchenette during observations and pulled the juice and lemon water from the refrigerator after surveyor's observations. (continued on next page)

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	08/27/2025

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 8/26/2025, at 10:06 AM, Surveyor interviewed Dietary Manager-D, who stated that the prune juice and thickened lemon water will be getting tossed out and Dietary Manager-D stated that staff should be dating items after opening them. On 8/26/2025, at 10:59 AM, Surveyor informed Nursing Home Administrator (NHA)-A, of the concerns with the observations of food storage. Observations included items in the main kitchen walk-in cooler not having labels or dates on them, and the 2nd floor kitchenette having open partially used items without open dates. Surveyor also explained observations of the expired egg salad in the main kitchen walk-in cooler. No additional information received as to why food was observed with no label or date and that there was expired egg salad being stored in the main kitchen walk-in cooler. *On 08/26/2025, at 11:13 AM, Surveyor observed the resident refrigerator on the second floor in the 2 South medication room with Assistant Director of Nursing (ADON)-C. Surveyor noted multiple food items in the freezer were unlabeled and there was an unknown brown matter, that appeared to have been a liquid spill that froze. ADON-C began to clean out food from the freezer. On 08/26/2025, at 12:33 PM, Surveyor observed the first-floor resident refrigerator in the 1 East/West medication room with LPN-Q. Surveyor noted the Resident refrigerator had brown liquid spills and numerous unlabeled food items. 08/26/2025 2:12 PM, Surveyor interviewed Director of Nursing (DON)-B. DON-B indicated that all resident food should be labeled with resident name and date. DON-B implied, someone needs to go through the fridges weekly now to ensure cleanliness. DON-B indicated it may have been getting done, has fallen off for some reason but DON-B will make sure someone is doing it. DON-B would look into if nursing staff or housekeeping is responsible for cleaning it. On 08/26/2025, at 3:19 PM, Surveyor informed the Facility of the above concerns. No further information provided at time of write up.

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	08/27/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility did not establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 5 (R18, R43. R50, R75 R120) of 5 residents. * The facility failed to ensure Clostridium Difficile (c-diff) Enteric Contact Precautions Policies were followed by staff when providing cares for R50. * The facility failed to ensure Enhanced Barrier Precaution (EPB) Policies were followed by staff when providing cares for R75. * The facility failed to ensure Enhanced Barrier Precaution Policies were followed by staff when providing cares for R18. * Staff were observed not sanitizing medical equipment and completing hand hygiene when providing care to R43. Additionally, staff were not observed to wear EPB when having high contact with R43. * Observations were made of an eye wash station and sink to be dirty and have signs of not being flushed/maintained when not in use. Findings include: Facility policy titled, “Enhanced Barrier Precautions” dated 2/25/25 documents in part: Policy: It is the policy of the facility to implement enhanced barrier precautions for prevention of transmission of multidrug resistant organisms. Definitions: “Enhanced barrier precautions” (EBP) refer to an infection control intervention designed to reduce transmission of multi drug resistant organisms that employs targeted gown and gloves during high contact resident care activities. Policy Explanation and Compliance Guidelines: 1. Prompt recognition of need: a. All staff receive training on enhanced barrier precautions upon hire and at least annually and are expected to comply with all designated precautions. b. All staff received training on high-risk activities and common organisms that require enhanced barrier precautions. c. The facility with have the discretion on how to communicate to staff which residents require the (continued on next page)

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	08/27/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	use of EBP, as long as staff are aware of which residents require the use of EBP prior to providing high contact care activities. 3. Implementation of Enhanced Barrier Precautions: a. Make gowns and gloves available immediately near of outside of resident's room…. b. Ensure access to alcohol-based hand rub in every resident room (ideally both inside and outside of the room). 4. High-contact resident care activities include: a. Dressing b. Bathing c. Transferring d. Providing hygiene e. Changing linens f. Changing briefs of assisting with toileting g. Device care or use: central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes, hemodialysis catheters, PICC lines, Midline catheters h. Wound care: any opening requiring a dressing. Facility policy titled, “Infection Control-Standard and Transmission Based Precautions” dated 2/4/21 and revised 7/7/23 documents in part: Policy Statement: It is the facility's policy to ensure that appropriate infection prevention and control measures are to prevent the spread of communicable disease and infections in accordance with State and Federal Regulations and national guidelines. Guidelines: Standard Precautions: 1. All staff are to adhere to Standard Precautions a. Personal protective equipment is to be worn to protect healthcare workers from contact with body fluids. b. Personal protective equipment includes gloves, gowns, masks, goggles, and or face shields. (continued on next page)

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	08/27/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	c. The personal protective equipment worn will vary by the task being performed and the likelihood of exposure to body fluid. 2. Standard precautions apply to all residents. Transmission Based Precautions: 1. Transmission-based precautions include airborne, contact, and droplet precautions…. 2. Transmission-based precautions are applied in addition to standard precautions and per nationally recognized guidelines such as those from the Centers for Disease Control and Prevention (CDC)…. 6. All staff, including environmental services staff, are to comply with transmission-based precautions. 7. A sign will be placed on the door of the designated transmission-based precaution room. 1. All shared medical equipment used in (transmission-based precautions) resident room will be wiped down with disinfecting wipe upon exit of the room. When possible, equipment will be dedicated to the resident while on precautions, or disposable equipment will be used. 13. Residents with C. difficile infection will be placed on special contact precautions. a. Special contact precautions require the use of gown and gloves upon entry to the room, soap and water for hand hygiene after contact with the resident or their care environment. Gowns and gloves should be removed and discarded at room exit. b. Special contact precautions also require an EPA-approved sporicidal or bleach-based product with an EPA-Approved claim for killing C. difficile spores for cleaning and disinfection of the resident's room and equipment…. Facility policy titled, “Infection Control-Hand Hygiene” dated 2/4/21 and revised 7/7/23 documents in part: Policy Statement: The facility's policy is to perform hand hygiene per national standard from the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO). Hand Hygiene a general term used by the CDC and WHO to refer to handwashing, antiseptic handwashing, and antiseptic hand rubbing. Policy Guidelines: 1. Soap and water are used for hand hygiene when: a. Hands are visibly soiled or contaminated with blood or other body fluids (continued on next page)

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	08/27/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	b. After caring for resident with diarrheal infection such as C. 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 decontamination 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 bodily fluids, excretions, mucous membranes, non-intact skin, or wound dressing (if hands are not visibly soiled) g. After removing gloves h. After contact with inanimate objects in the resident's environment Facility Sign posted outside of R50's room titled “Contact Enteric Precautions” documents: visitors check with nursing before entering. Prior to entering: *Wash or gel hands prior to entry *Use soap and water upon leaving room *Wear a gown and gloves Other Requirements: Use patient dedicated or disposable equipment. Clean and disinfect shared equipment before leaving the room with sporicidal/bleach cleaner. Facility Sign posted outside of R18's and 75's room titled “Enhanced Barrier Precautions” documents: (continued on next page)

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	08/27/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Everyone Must: Clean their hands, including before entering and when leaving the room. Providers and Staff Must Also: Wear gloves and a gown for the following activities. Dressing, Bathing/Showering, Transferring, Changing Linens, providing hygiene, changing briefs or assisting with toileting. Device care or use: central line, urinary catheter. Feeding tube, tracheostomy. Wound Care: any skin opening requiring a dressing. Do not wear the same gown and gloves for the care of more than one person. 1). R50 was admitted to the facility on [DATE] with diagnoses including Chronic Obstructive Pulmonary Disease (a lung disease causing breathing problems due to lung damage) and Acute Kidney Failure (an injury to the kidney that suddenly stops the kidney from filtering waste). R50's Medicare admission Minimum Data Set (MDS) with an assessment reference date of 07/25/2025 documents under Section C cognitive patterns: a Brief Interview for Mental Status score of 9 indicating R50 has moderately impaired cognition. R50's physician's order dated 08/10/2025, at 14:00 (02:00 PM), documents R50 is on Isolation: Enteric Contact Isolation d/t (do to) C-Diff (clostridium difficile) every shift until 09/01/2025, at 23:59 (11:59 PM). On 08/24/2025, at 10:10 AM, Surveyor observed outside of R50's room a sign that documents R50 is on Enteric Contact Precautions. On 08/24/2025, at 10:19 AM, Surveyor observed Housekeeper (HSK)-P enter R50's room without donning the required gloves and gown or performing hand hygiene prior to entering R50's room. On 08/24/2025, at 10:36 AM Surveyor observed Housekeeper (HSK)-K cleaning R50's room. Surveyor observed HSK-K wearing gloves and no required gown while cleaning R50's room. Surveyor observed HSK-K cleaning R50's table and surface and remove R50's trash and set the trash bag on the floor. HSK-K proceeded to clean R50's roommate's table, moving roommate's glass of water without removing gloves or performing hand hygiene and continued to clean roommate's side of the room without changing gloves after cleaning the Contact precaution resident's side of the room or performing required hand hygiene. Surveyor observed HSK-K changed gloves after removing R50's and roommate's trash and placed the trash in the housekeeping cart located in the hall without performing required hand hygiene for glove changes. Surveyor observed HSK-K enter R50's bathroom after exiting the room for cleaning products without (continued on next page)

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	08/27/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	changing gloves or performing hand hygiene. HSK-K cleaned R50's bathroom and exited R50's room with linens to place in housekeeping cart located in hallway without changing gloves, performing hand hygiene or wearing a gown. HSK-K proceeded sweep the floor inside of R50's room. HSK-K proceeded to exit R50's room to get a mop wearing the same gloves and mop the floor. Surveyor observed HSK-K exit R50's room and went down the hall to get wet floor sign with same gloves HSK-K used to mop R50's room. HSK-K then took off the gloves without performing the require hand hygiene and took a drink of water. HSK-K put gloves back on without performing the required hand hygiene and proceeded down the hall with the housekeeping cart. HSK-K never donned a gown as required for cleaning or entering an enteric contact precaution room or changing personal protective equipment between a contact isolation resident and their non-contact isolation roommate as required. On 08/24/2025, at 12:42 PM, Surveyor observed Certified Nursing Assistant (CNA)-I enter and leave R50's room to remove R50's meal tray. CNA-I was not wearing a required gown and did not perform required hand hygiene upon entering or leaving R50's room. On 08/25/2025, at 01:20 PM, Surveyor interviewed Licensed Practical Nurse (LPN)-J about entering R50's room. Surveyor asked LPN-J if LPN-J if knew why R50 was on contact precaution and what the Surveyor should do prior to entering R50's room. LPN-J asked Surveyor “Who?” LPN-J informed Surveyor that LPN-J “honestly I don't really know R50, we split the room”. Surveyor asked LPN-J why the sign says check with the nurse before entering R50's room. LPN-J informed Surveyor that LPN-J would find out why R50 was on contact precautions. Surveyor asked why LPN-J did not gown up when giving medications in R50's room earlier. LPN-J informed Surveyor that LPN-J gave medications to the roommate and not to R50. On 8/25/25, at 01:26 PM, Surveyor entered R50's room with gown and gloves on to interview R50. Surveyor asked R50 why R50 had an isolation precaution sign outside of the room. R50 informed Surveyor that R50 has C. Diff (clostridium difficile) and it was better now but that R50 was on an antibiotic until 9/1/25 and was supposed to be on precautions till the antibiotic was done. Surveyor asked R50 if everyone wore gowns and gloves when caring for R50. R50 informed Surveyor “no, never”. On 08/25/2025, at 1:30 PM, Surveyor interviewed Staffing Coordinator/CNA-M about R50's isolation precautions. Surveyor asked CNA-M if people were to gown up when entering R50's room. CNA-M informed Surveyor “I am trying to think”. “I do not know”. “I may have gowned up in there I think”. On 08/25/2025, at 1:32 PM, Surveyor interviewed LPN-O about R50's isolation precautions. LPN-O informed Surveyor that LPN-O did not know why R50 was in precautions but would look it up to find out. LPN-O informed Surveyor R50 was in isolation for acute cystitis and on antibiotic therapy for 10 days. LPN-O then informed Surveyor that LPN-O was incorrect that R50 had C. Diff (clostridium difficile) and the isolation precautions end 9/1/25 after R50's vancomycin ended. Surveyor asked LPN-O if everyone should continue to wear a gown and gloves on entry of the room due to R50's clostridium difficile. LPN-O informed Surveyor everyone should gown and glove before entering R50's room until 9/1/2025. Surveyor asked LPN-O if everyone should follow all the precautions on the Enteric Contact Precaution sign outside of R50's door. LPN-O informed Surveyor that the Contact Isolation sign should be followed by everyone. (continued on next page)

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	08/27/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 08/25/2025, at 01:09 PM, Surveyor observed CNA-I collect trays in R50's room wearing no gloves and no gown and performing no required hand hygiene prior to leaving R50's room. On 08/26/2025, at 11:00 AM, Surveyor observed Social Service Director-U enter R50's room with ice water for R50's roommate wearing no required Personal protective equipment (PPE) or performing required hand hygiene. On 08/26/2025, at 11:02 AM, Surveyor observed Social Service Director-U enter R50's room with ice water ice water for R50 wearing no required Personal protective equipment (PPE) or performing required hand hygiene. On 08/26/2025, at 11:14 AM, Surveyor interviewed Director of Nursing (DON)-B about the facility's Enteric Contact Precautions for clostridium difficile (ECP). Surveyor asked DON-B if DON-B was in charge on infection control for the facility currently. DON-B informed Surveyor that DON-B was the acting infection control nurse. Surveyor asked DON-B if hand hygiene was required in-between patient cares, after changing a soiled resident or linens, after donning and removing gloves and after any clean to dirty procedures. DON-B informed Surveyor that yes hand hygiene should be done after incontinent care, all glove changes, between residents and residents' rooms. DON-B informed Surveyor staff should use hand gel or if hands are visibly soiled wash hands with soap and water. Surveyor asked DON-B what should staff do when entering enteric contact precaution (ECP) for clostridium difficile rooms. Surveyor asked DON-B should staff perform hand hygiene after touching surfaces or with picking up trays from an Enteric contact precaution room. DON-B informed Surveyor special enteric contact precautions require gown and gloves because clostridium difficile can be on all surfaces so if staff touch the surface if could transfer and because staff are touching these surfaces gloves and gown are required for entrance into the ECP room and hand hygiene should be performed before and after leaving any ECP room. Surveyor asked DON-B when the housekeeper cleans the ECP side of a room emptying trash and cleaning surfaces should the housekeeper changed gloves and perform hand hygiene before starting on the roommate's side of the room who is not in ECP. DON-B informed Surveyor staff should wear gown and gloves and performed hand hygiene before moving to another resident, especially with glove changes hand hygiene should always be done. Surveyor asked what the facility's expectation was for infection control between residents in isolation precautions and residents not in precautions or residents in ECP. DON-B informed Surveyor the expectation was hand hygiene and proper PPE should be worn between residents in isolation and resident's not in precautions or residents in ECP. DON-B informed Surveyor staff are expected use soap and water for hand hygiene when leaving any enteric precaution room. Surveyor informed DON-B of the observation of the housekeeper and not wearing gowns cleaning R50's contact precaution room and moving the roommate's water with her gloved hand used during cleaning R50's enteric precaution side to clean the roommates table and roommate's side of the room. Surveyor asked DON-B if the housekeeper should have had gown and gloves and performed hand hygiene before she touched the other residents drink and when cleaning between the room sides. DON-B informed Surveyor absolutely the house keeper should have worn a gown and gloves and performed proper hand hygiene before moving to the roommate's side. DON-B informed Surveyor staff should perform hand hygiene and changed gloves when picking up trays from a contact isolation room before moving to another room. (continued on next page)

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	08/27/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Surveyor asked DON-B if the expectation was that staff should follow the enteric contact precaution sign outside the R50's room DON-B informed Surveyor the expectation was that staff follow the enteric contact precaution sign outside of R50's room. Surveyor asked what the expectation of staff bringing in water or picking up a tray in R50's room. DON-B informed Surveyor gown and gloves and proper hand hygiene with soap and water when leaving the room. 2). R75 was admitted to the facility on [DATE] with diagnoses including Chronic Obstructive Pulmonary Disease (a lung disease causing breathing problems due to lung damage) and Emphysema (lung damage causing problems with breathing). R75's Quarterly Minimum Data Set (MDS) with an assessment reference date of 07/18/2025 documents under Section C cognitive patterns: a Brief Interview for Mental Status score of 4 indicating R75 has severely impaired cognition. R75's physicians order dated 5/8/2025, at 22:00 (10:00 PM) documents: R75 is in ISOLATION: Enhanced Barrier Precautions; Resident is in isolation with Enhanced Barrier Precautions for protection. On 08/24/2025, at 9:52 AM, Surveyor observed R75's zinc oxide ointment and petroleum gel ointment were open on R75's table. Surveyor observed the zinc oxide ointment and petroleum gel ointment were open on R75's table every day of the Survey until 08/26/25 after Surveyor's care observation. On 08/26/2025, at 7:40 AM Surveyor observed cares on R75. Surveyor observed Certified Nursing Assistant/Staffing Coordinator (CNA)-M and Certified Nursing Assistant (CNA)-L. Surveyor observed CNA-L approach CNA-M and ask CNA-M if CNA-L needed to do anything special for R75's care. CNA-M informed CNA-L they needed a gown and gloves because R75 was in Enhanced Barrier Precautions (EBP) and that CNA-M would assist CNA-L. Surveyor asked CNA-L if CNA-L usually wears a gown for every transfer or providing direct care of a resident in enhanced barrier precautions. CNA-L informed Surveyor “yes I do”. Surveyor observed R75's bedding was wet all the way up to the top of R75's back. Surveyor observed CNA-L provide incontinence care to R75 and change R75's urine-soaked linen. Surveyor observed CNA-L reach to use to the open zinc container without changing gloves and performing hand hygiene. Surveyor observed CNA-M tell CNA-L to stop and change gloves before using the zinc oxide. Surveyor observed CNA-L walk over and change gloves and Surveyor observed CNA-L did not perform the required hand hygiene between the glove changes. Surveyor observed CNA-L proceeded to use the open zinc oxide and applied it to R75's bottom. Surveyor observed CNA-M perform hand hygiene. Surveyor observed CNA-M wash hands for 5 seconds when entering R75's room. Surveyor observed CNA-M wash hands for only 5 seconds after removing gown and gloves. CNA-M informed CNA-L I (CNA-M) left water on for you (CNA-L) to wash your hands. Surveyor observed CNA-L removed CNA-L's gown and gloves and 'wash hands for a time of 4 seconds. Surveyor asked CNA-L long should you wash your hands between cares. CNA-L informed Surveyor that CNA-L washes her hands for 60 seconds. Surveyor asked CNA-L what type of precautions did CNA-L use for Enhanced Barrier Precaution rooms (EBP). CNA-L informed Surveyor CNA-L will gown (continued on next page)

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	08/27/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	and glove for all resident cares in EBP rooms. Surveyor asked CNA-L what CNA-L did for Contact Precaution rooms. CNA-L informed Surveyor that CNA-L gowned and gloved for contact precaution rooms. 08/26/2025 9:54 AM shared with Nursing Home Administration Surveyor's infection control concerns regarding handwashing, open ointment containers, Enhanced Barrier Precautions and Contact Precautions not being followed by staff. On 08/26/2025, at 11:14 AM, Surveyor interviewed Director of Nursing (DON)-B about the facility's Enhance Barrier Precautions (EBP). Surveyor asked DON-B if DON-B was in charge on infection control for the facility currently. DON-B informed Surveyor that DON-B was the acting infection control nurse. Surveyor asked DON-B if hand hygiene was required in-between patient cares, after changing a soiled resident or linens, after donning and removing gloves and after any clean to dirty procedures. DON-B informed Surveyor that yes hand hygiene should be done after incontinence care, all glove changes, between residents and residents rooms. DON-B informed Surveyor staff should use hand gel or if hands are visibly soiled wash hands with soap and water. Surveyor asked DON how long a staff should wash their hands. DON-B informed Surveyor the length of time to sing the happy birthday song twice; approximately 20 seconds. 3.) R18 was admitted to the facility on [DATE] with diagnoses that included hypertensive chronic kidney disease (damage to kidney from high blood pressure) and hyperlipidemia. R18's Quarterly Minimum Data Set (MDS) with an assessment reference date of 06/03/2025 documents under Section C cognitive patterns: a Brief Interview for Mental Status score of 12 indicating R18 has moderately impaired cognition. R18's physicians order dated 6/27/2025, at 14:00 (02:00 PM) documents: R18 is in ISOLATION: Enhanced Barrier Precautions; Resident is in isolation with Enhanced Barrier Precaution d/t (do to) open wound every shift. On 08/26/2025, at 7:31 AM, Surveyor observed Certified Nursing Assistant (CNA)-L and CNA-N enter R18's without gowns to transfer R18 with a mechanical lift. Surveyor observed CNA-N and CNA-L open R18's door wearing no gowns. Surveyor observed CNA-N remove the mechanical lift without a noting disinfectant wipes or cleaners in the area. Surveyor observed CNA-L make R18's bed and removed linen without a gown or hand hygiene after removing CNA-L's gloves. On 08/26/2025, at 7:40 AM after watching cares on another resident in Enhanced Barrier Precautions, Surveyor asked CNA-L long should you wash your hands between cares. CNA-L informed Surveyor that CNA-L washes her hands for 60 seconds. Surveyor asked CNA-L what type of precautions did CNA-L use for Enhanced Barrier Precaution rooms (EBP). CNA-L informed Surveyor CNA-L will gown and glove for all resident cares in EBP rooms. Surveyor asked CNA-L why CNA-L didn't gown when CNA-L transferred R18 and made R18s bed when Surveyor was observing R18's room earlier. CNA-L informed Surveyor that CNA-L didn't see the Enhanced Barrier sign by R18's and didn't know R18 was in enhanced barrier precautions. 08/26/2025 9:54 AM Surveyor shared with Nursing Home Administration Surveyor's infection control concerns regarding handwashing, and Enhanced Barrier Precautions not being followed by staff. (continued on next page)

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	08/27/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 08/26/2025, at 11:14 AM, Surveyor interviewed Director of Nursing (DON)-B about the facility's Enhance Barrier Precautions (EBP). Surveyor asked DON-B if DON-B was in charge on infection control for the facility currently. DON-B informed Surveyor that DON-B was the acting infection control nurse. Surveyor asked DON-B if hand hygiene was required in-between patient cares, after changing a soiled resident or linens, after donning and removing gloves and after any clean to dirty procedures. DON-B informed Surveyor that yes hand hygiene should be done after incontinent care, all glove changes, between residents and resident's rooms. DON-B informed Surveyor staff should use hand gel or if hands are visibly soiled wash hands with soap and water. Surveyor asked DON-B should staff wear gowns when you transfer or make a resident's bed in an EBP room. DON-B informed Surveyor gown and gloves should be worn with all transfers and working with the bed linens, but not if the staff just going in the room and no gowns need to be worn with medication pass. Surveyor asked DON-B if staff should perform hand hygiene if you are touching anything or between residents during the medication pass. DON-B informed Surveyor that hand hygiene should be performed with medication passes between all residents and touching any surfaces in any EBP rooms. 4.) On 8/25/25 at 8:05 AM, Licensed Practical Nurse (LPN)-X was observed administering medication to R43. LPN-X took R43's blood pressure, pulse ox and heart rate using an automatic facility vital sign machine. LPN-X did not sanitize the vital sign equipment after use. LPN-X gave R43 her medication, removed her gloves but did not wash her hands before leaving R43's room. LPN-X then prepared R120's medication, took R120's blood pressure, pulse ox and heart rate with the unsensitized vitals machine. LPN-X then administered R120's medication. LPN-X then washed her hands with sanitizer before leaving R120's room. LPN-X was not observed to sanitize the vitals machine. On 8/26/25, the facility's policy titled “Medication Administration-General Guidelines” dated 12/19 was reviewed and documented: Handwashing and Hand Sanitization: The person administering medication adheres to good hand hygiene, which includes washing hands thoroughly: Prior to handling any medication, after coming into direct contact with a resident, at regular intervals during the medication pass such as after each room. On 8/26/25 at 10:30 AM, Director of Nurses (DON)-B was interviewed and indicated hands should be washed between residents during the med pass and equipment should be sanitized between resident use. On 8/26/25, Nursing Home Administrator (NHA)-A and DON-B were informed of the above findings. 5.) On 8/26/2025, at 8:38 AM, Surveyor observed Certified Nursing Assistant (CNA) – W deliver a meal tray to R43 in their room. R43 was in bed. R43 has a dialysis catheter in their chest and an enteral feeding tube in their stomach. The CNA-W set-up the meal tray and was in contact with R43 in their bed. The CNA-W did not have Personal Protective Equipment (PPE) due to R43 being on Enhanced Barrier Precaution (EBP) for a dialysis catheter and enteral feeding tube. R43 did not have an indicator on their doorway for EBP requirements. R43 Physician Plan of Care documents an order for EBP due to enteral feeding tube and central venous catheter for dialysis. On 08/26/2025, at 3:03 PM, at the exit meeting with Nursing Home Administrator (NHA) -A and Director of Nurses (DON) –B. DON-B is also the facility Infection Preventionist. The DON-B (continued on next page)

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	08/27/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	stated R43's EBP sign on their doorway must have fell off. The DON-B did place the EBP sign back on the doorway. R43 is on EBP. 6.) On 08/26/2025, at 11:13 AM, Surveyor observed the second floor medication room sink/eye wash station with Assistant Director of Nursing (ADON)-C. Surveyor noted above the sink was a sign indicating eye wash station. Surveyor noted white crusty matter around the faucets of the sink and within the sink white and brown crusty matter. ADON-C indicated the sink is not used at all and maintenance is responsible for the sinks. On 08/26/2025, at 3:02 PM, Surveyor interviewed Director of Nursing (DON)-B regarding the sink. DON-B indicated maintenance is now working on the concerns with the second floor 2 South medication room. On 08/26/2025, at 3:19 PM, Surveyor informed the Facility of the above concern. No further information provided at time of write up.

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	08/27/2025

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not ensure 1 (R119) of 1 sampled resident with an indwelling catheter received appropriate treatment enhancing self-esteem and providing dignity for R119. *R119 was observed multiple times with R119's catheter drainage bag uncovered in public view. Findings include: R119 was admitted to the facility on [DATE] with diagnoses including acute cystitis with hematuria (inflammation of the bladder with bleeding) and chronic kidney disease (long term damage of the kidneys)R119's Medicare admission Minimum Data Set (MDS) with an assessment reference date of 08/29/2025 documents under Section C cognitive patterns: a Brief Interview for Mental Status score of 15 indicating R119 has intact cognition. On 08/24/2025, at 9:52 AM, Surveyor observed R119's catheter bag not covered hanging on R119's bed facing the open door.On 08/25/2025, at 7:07 AM, Surveyor observed 119's foley bag with no cover on foley bag facing the open door. On 08/25/2025, at 11:07 AM, Surveyor observed 119 up in wheel chair with foley bag hanging on chair uncovered and exposed to public view. On 08/26/2025, at 7:16 AM, Surveyor interviewed R119 about R119's foley catheter. R119 informed Surveyor it bothers R119 to have a catheter at all. R119 informed Surveyor if R119 must have a catheter, I prefer it was covered so people couldn't see it. Surveyor observed the foley catheter bag hanging on the bed facing R119's door with no cover.On 08/26/2025, at 3:02 PM, Surveyor interviewed Director of Nursing (DON)-B DON and Nursing Home Administrator (NHA)-A about Surveyor's concerns related to R119's dignity. NHA-A informed Surveyor NHA-A would talk with R119 and R119's bag should be covered.

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	08/27/2025

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure 1 (R26) of 1 resident's preference to receive double portions at mealtimes was implemented and that the resident (R26) was informed of changes in orders when request was revised. Findings include:The facility policy titled Resident Right-Right to Participate in Planning Care dated 1/11/2021 documents: Policy Statement: it is the facilities (sic) policy to provide care and services in such a manner to acknowledge and respect resident rights. Exercising rights means that residents have autonomy and choice, to the maximum extent possible, about how they wish to live their everyday lives and received care, subject to the facility's rules, as long as those rules do not violate a regulatory requirement. Procedure: 1. The resident's right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to: . c. The right to be informed, in advance, of changes to plan of care.R26 was admitted to the facility on [DATE] with diagnoses that include congestive heart failure, type II diabetes, chronic kidney disease with stage 5 chronic kidney disease or end-stage renal disease, unspecified protein - calorie malnutrition, anemia and chronic kidney disease. R26's admission minimum data set (MDS) dated [DATE] documents that R26 had a Brief Interview for Mental Status (BIMS) score of 15 indicating that R26 is cognitively intact. The MDS documents that R26 is understood and understands others. R26's baseline care plan dated 6/11/2025 indicated R26 is at risk for malnutrition related to type 2 diabetes, end-stage renal disease, dependence on renal dialysis, in-house hemodialysis.Surveyor noted that R26's baseline care plan did not indicate that R26's dietary preference was for double portions, or that R26 was currently on a double protein diet. Surveyor reviewed R26's dietary progress note from Dietary Manager (DM)-DD, dated 6/13/2025, which documented: Writer notified resident is requesting double portions with meals. Diet and meal ticket have been updated. Will continue to monitor as needed. On 8/25/2025, at 11:41 AM, Surveyor interviewed R26 who stated that sometimes R26 gets double portions but not always. R26 indicated that R26 asked for double portions but sometimes only gets eggs and no meat with one piece of bread. R26 stated that R26 has diagnosis of diabetes and goes to dialysis and feels that the food being served daily seems like the wrong amount for double portions.On 8/26/2025, at 8:39 AM, Surveyor observed R26's diet slip and tray and double protein was documented on the top of the dietary slip, it did not document double portions. R26 called the kitchen from R26's personal phone and requested 2 more waffles, as there were 2 eggs, but not double portions for the rest of the meal, which was what the resident's preference was.R26's dietary progress note dated 8/22/2025 documents: . Resident triggered for both weight gain and weight loss. Double portions adjusted to double proteins.On 8/27/2025, at 9:48 AM, Surveyor interviewed Dietary Manager (DM)-DD, who stated DM-DD is currently working remote and addresses the dietary needs of residents via phone and access from home to point click care. DM-DD indicated that DM-DD can put in orders at home and because of fluid shifts that DM-DD wanted increased proteins in R26's diet and that DM-MM can call and explain this to R26. DM-DD stated that DM-DD did not update R26 on the diet change that started on 8/22/2025, but that DM-DD will call R26 today to update on new diet changes. On 8/27/2025, at 10:15 AM, Surveyor interviewed Nursing Home Administrator (NHA)-A, who stated NHA-A expectations from DM-DD would be to update R26 of diet change prior to changes. NHA-A indicated that somebody at the facility should update R26 on any changes to R26's diet prior to the change. No additional information was provided as to why the facility did not ensure that R26 was updated prior to changes to diet orders, until after surveyor inquired information on R26 being informed of the diet change.

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	08/27/2025

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure psychotropic medications were limited to 14 days when ordered as needed (PRN) for 1 (R58) of 6 residents reviewed for unnecessary medications.R58 had an order on admission for the antianxiety medication lorazepam 0.5 mg every four hours as needed with no stop date at 14 days.Findings include:The facility policy and procedure titled Psychotropic Drug Use dated 4/1/2025 documents: F. PRN orders for psychotropic drugs are limited to 14 days, except if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond the 14 days, her/she [sic] should document their rationale in the resident's medical record and indicate the duration of the PRN order.R58 was admitted to the facility on [DATE] with diagnoses of metabolic encephalopathy (a brain dysfunction caused by metabolic disruptions possibly from liver or kidney disease) and anxiety.On 7/8/2025, R58 was admitted with an order for lorazepam 0.5 mg every four hours as needed (PRN). No stop date was ordered. No reassessment was documented by a physician on 7/22/2025, 14 days after the order was initiated, to determine if the lorazepam should be scheduled, discontinued, or continued for a determined amount of time.R58 received the PRN lorazepam 22 times from 7/8/2025 through 8/2/2025.On 8/15/2025, R58 was admitted on to hospice services.On 8/17/2025, R58's order for PRN lorazepam was changed to lorazepam solution 2 mg/ml: inject 1 mg intramuscularly every four hours PRN for anxiety, agitation, shortness of breath, restlessness, or tachycardia (fast heart rate). No stop date was documented.In an interview on 8/26/2025 at 12:59 PM, Surveyor asked Director of Nursing (DON)-B what the expectation was for the administration of PRN antianxiety medication. DON-B stated any psychotropic medication needs to be discontinued after 14 days. Surveyor shared with DON-B the concern R58 has had PRN lorazepam ordered since admission on [DATE] with no stop date. DON-B stated R58's lorazepam should have been discontinued after 14 days.

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	08/27/2025

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview, the facility did not ensure residents with an enteral tube (gastrostomy [PEG-tube]) receives the appropriate treatment and services to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This was observed with 2 (R43 and R20) of 3 residents observed with enteral tubes for feeding. * R43 did not have prescribed orders for enteral tube care and had unknown liquids in tube feeding administration bags hanging in their room. *R20 had tube feeding administered without any identifying labeling on the formula administration bag. The facility's policy and procedure “Placement and Residual Volume check for Enteral Feeding Tubes” dated 12/18/24, documents: 5. Monitor entry site for any signs of infection daily and notify physician as needed. 1.) On 8/24/2025, at 10:28 AM, Surveyor observed R43 in their room. R43 had a tube feeding pump, attached to a pole, with a 1-liter bag of clear liquids and a 1-liter bag of brown liquid. R43 was eating their breakfast and not connected to the tube feeding pump. The date of the brown liquid bag was 8/6 with no identifying labeling. The 1-liter clear liquid bag had no identifying labeling. R43 had an admission Minimum Data Set (MDS) assessment completed on 5/1/25. This MDS assesses R43 has enteral feeding and oral intake for nutrition. R43 has a diagnosis of dysphagia (difficulty swallowing) and has a percutaneous endoscopic gastrostomy tube (PEG). R43 Physician Medication Order Summary documents: - An order on 7/8/25 for three times a day Nepro 320 milliliter (ml) bolus three times a day (TID) after meals if less than 50% meal consumed AND three times a day Free water / flushes: 30 ml pre/post every bolus if given. 30 cubic centimeter (cc) flush before and after medication/feeding AND three times a day Check residual prior to bolus. Re-instill, hold bolus, and notify Doctor (Dr)/Nurse Practitioner (NP)/Physician Assistant (PA) for amount greater than 200 cc. The Physician orders document bolus tube feeding and does NOT include PEG site care. R43's Treatment Administration Record (TAR) for August 2025 documents: (continued on next page)

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	08/27/2025

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- The meal percentage parameters to administer bolus Nepro 320 cc. This was last administered on 8/16/25. R43's TAR since admission to the facility on 4/24/25, does not document PEG site care. On 8/25/2025, at 1:42 PM, Surveyor interviewed the Assistant Director of Nurses (ADON) -C, who was the floor nurse for R43 today. ADON-C stated they do PEG site care every day. ADON-C stated they don't know what happened to the physician orders or TAR documentation. ADON-C stated they will administer the Nepro by bolus (tube feeding syringe). ADON-C threw away the fluid filled tube feeding bags in the room and did not know why they were there. On 8/26/25, at 3:15 PM, at the facility exit meeting with Nursing Home Administrator (NHA) -A and Director of Nurses (DON) -B, Surveyor shared concerns regarding R43's enteral feeding tube administration and cares. There was no additional information provided. 2.) R20 was admitted on [DATE] and has diagnoses that include paraplegia, Parkinson's disease, cognitive communication deficit, dysphagia (difficulty swallowing) and has a G-tube (Gastrostomy tube). R20 had a Quarterly Minimum Data Set (MDS) assessment, dated 6/24/2025. This MDS assesses R20 has a feeding tube for nutritional approaches. R20's Care Plan, dated 3/22/2025, with a target date of 1/11/2026, documents: (R20) has an alteration in ability to consume food and/or requires enteral feeding via (G-tube) to maintain adequate caloric and nutritional status… Goal: of resident will achieve/maintain adequate nutritional/hydration status and weight via enteral nutrition through next review.” Observations: On 8/24/2025, at 10:30 AM, Surveyor observed R20 in their room. R20 had a tube feeding machine/pump, attached to a pole, with a 1-liter bag of clear liquids and a 1-liter bag of brown liquid, with 800 milliliters of a brown liquid inside of one of the bags. R20 had tubing connected to the bags of liquids and another line to the gastrostomy tube, all tubes were connected to the tube feeding machine/pump. The machine was set at 45 milliliters an hour. Observation of the bag with the brown liquid did not include observation of a date or label identifying the contents of the bag. The 1-liter clear liquid bag had no identifying labeling, and no observed date/label on the tubing. On 8/24/2025, at 12:11 PM, Surveyor observed the tube feeding system again and there was still no date or time on hanging bags, or the tubing. On 8/25/2025, at 7:41 AM, Surveyor observed the tube feeding machine/pump running and this time it was dated with a black marker and wrote directly on the bag as, 8/25/25. The clear liquid was also dated but not labeled, no date or label on the tubing from the brown liquid, or clear liquid. Surveyor did not observe a label or description of what the liquids were that were inside of the hanging bags. On 8/27/2025, at 12:28 PM, Surveyor interviewed NHA-A and DON-B who indicated that the nursing staff should be placing a label on both the hanging liquids and the line that connects the bags to the machine. NHA-A stated it is NHA-A's expectations that the nursing staff label, date and initial R20's tube feeding bags and line. There was no additional information provided.

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	08/27/2025

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure residents receiving respiratory care was consistent with professional standards of practice for 1 (R8) of 1 residents reviewed for oxygen use.R8 was receiving oxygen via nasal cannula with no orders for oxygen therapy.Findings include:The facility policy and procedure titled Policy Oxygen Administration undated documents: Oxygen will be safely administered per physician's orders.R8 was admitted to the facility on [DATE] with diagnoses of displaced bicondylar fracture of the left tibia, pulmonary hypertension due to lunch diseases and hypoxia, chronic obstructive pulmonary disease, and chronic respiratory failure with hypoxia. R8's admission Minimum Data Set (MDS) assessment dated [DATE] documented R8 had moderate cognitive impairment with a Brief Interview for Mental Status (BIMS) score of 12 and received oxygen.On 8/24/2025 at 12:44 PM, Surveyor observed R8 lying in bed. R8 had an oxygen concentrator delivering 4-1/2 liters of oxygen to R8 via nasal cannula. Surveyor asked R8 stated R8 has oxygen on all the time even though R8 felt the oxygen was not needed continuously.Surveyor reviewed R8's orders in the Electronic Medical Record (EMR). No orders for oxygen were found. Review of R8's discharge orders from the hospital stated R8 was to be on 5 liters of oxygen continuously.In an interview on 8/26/2025 at 8:04 AM, Surveyor observed R8 with oxygen on per nasal cannula and asked Licensed Practical Nurse (LPN)-Q what rate R8's oxygen should be running. LPN-Q looked in R8's EMR and stated LPN-Q would have to call the doctor because LPN-Q could not see in the record what rate the oxygen should be. At 8:21 AM, LPN-Q stated the doctor had been contacted and R8's oxygen should be running at 5 liters.Surveyor reviewed R8's oxygen order in the EMR. The order had been entered by Director of Nursing (DON)-B on 8/26/2025 at 8:16 AM after Surveyor had interviewed LPN-Q.In an interview on 8/26/2025 at 12:55 PM, Surveyor shared with DON-B the interview with LPN-Q and R8 not having any orders for oxygen which R8 was receiving. DON-B stated LPN-Q must have notified Assistant DON (ADON)-C because ADON-C informed DON-B of the missing order. DON-B stated DON-B found the oxygen order on R8's discharge summary from the hospital and staff should be checking R8's pulse oxygenation every shift as well.

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	08/27/2025

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility did not ensure it maintained a medication error rate below 5 percent during observations of medication administration affecting 3 (R43, R49 and R120) of 3 residents observed. Seven medication errors were observed out of twenty-seven opportunities, for a total error rate of 25.93%. R43 was observed to receive 5 medications orally but her physician's orders documented to give the medication via her gastrostomy (G) tube. R49 was observed to receive 5,000 International Units (IU) of Vitamin D but her physician's orders documented to give 50,000 IU of Vitamin D. R120 was observed to receive expired calcium carbonate.Findings include:On [DATE], the facility's policy titled Medication Administration - General Guidelines dated 12/19 was reviewed and documented: 5 rights: Right resident, right drug, right dose, right route and right time. Medications are administered in accordance with written orders of the prescriber. 1.) R43 was admitted to the facility on [DATE] with diagnoses that included Dysphagia (difficulty swallowing) and G-tube placement. On [DATE] at 8:05 AM, Licensed Practical Nurse (LPN)-X was observed administering medication to R43. LPN-X put the medication levetiracetam 250 milligrams (MG), Renal Vitamin 0.8 MG, atenolol 12.5 MG, iron 65 MG, and amlodipine 5MG in a medication cup. The pill package for the medication levetiracetam 250 milligrams (MG), atenolol 12.5 MG, and amlodipine 5MG had the instruction to give via G-tube printed on the package. Each medication was observed to be given by LPN-X to R43 whole with water. R43 appeared to have no problems with swallowing the pills. LPN-X was interviewed immediately following the observation of R43 receiving her medication. LPN-X indicated she was told R43 could receive her medication orally despite the drug package instructions and physician's orders. LPN-X stated she had been giving R43 her medication orally since she started working at the facility a couple weeks ago.On [DATE], R43's current physician orders were reviewed and documented the medication levetiracetam 250 milligrams (MG), Renal Vitamin 0.8 MG, atenolol 12.5 MG, iron 65 MG, and amlodipine 5MG were ordered to be given via G-tubeXXX[DATE] at 1:45 PM, Director of Nurses (DON)-B indicated R43's orders were changed today to indicate R43 can receive her medication orally.The above findings were shared with Administrator-A and DON-B on [DATE] at 10:30 AM. Additional information was requested, if available. None was provided as to why R43 received her medication via the wrong route.2.) R49 was admitted to the facility on [DATE] with diagnosis that included dependance on renal dialysis.On [DATE] at 7:55 AM, Licensed Practical Nurse (LPN)-Y was observed preparing medication for R49. LPN-Y poured 5 tablets of Vitamin D 1,000 International Unit (IU) from a stock bottle of medication. LPN-Y then administered R49's medications which included the 5,000 IU of vitamin D.On [DATE], R49's current physician orders were reviewed and documented: Cholecalciferol (Vitamin D) 50,000 IU every Tuesday for Vitamin D deficiency. The above findings were shared with Administrator-A and DON-B on [DATE] at 10:30 AM. Additional information was requested, if available. None was provided as to why R49 received her wrong dose of medicationXXX[DATE] at 1:45 PM, Director of Nurses (DON)-B indicated that she talked to LPN-Y and R49 received the rest of her vitamin D. 3.) R120 was admitted to the facility on [DATE] with diagnosis that included fracture of the ribs. On [DATE] at 8:35 AM, Licensed Practical Nurse (LPN)-X was observed preparing medication for R120. LPN-X poured 2 tablets Calcium Carbonate 500 MG from a stock bottle of medication. The bottle was observed to have an expiration date of 1/25. LPN-X then administered R120's medications which included the 2 tablets Calcium Carbonate 500 MG.Immediately after the observation LPN-X was interviewed and viewed the bottle of Calcium Carbonate 500 MG. LPN-X indicated she did not look at the expiration date before giving them to R120 and would dispose of the bottle.The above findings were shared with Administrator-A and DON-B on [DATE] at 10:30 AM. Additional information was requested, if available. None was provided as to why R120 received expired medication.

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	08/27/2025

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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure there were systems in place to establish coordination of care services between the facility and contracted hospice services for 1 (R113) of 4 residents reviewed for receiving hospice services. *The facility did not ensure Hospice required documentation was maintained in R113's medical record. The facility did not have an order for hospice services in R113's orders. The facility did not have a care plan for hospice services started after admission on to hospice services. Findings include:R113 was admitted to the facility on [DATE] and has diagnoses that include malignant neoplasm of unspecified part of right bronchi or lung, encounter for palliative care, unspecified protein - calorie malnutrition. R113's admission minimum data set (MDS) was still in progress, R113 was admitted into Hospice on 8/15/2025 with diagnoses of malignant neoplasm of lung. Surveyor observed a Discharge summary, dated [DATE] admission Narrative: Patient advised to transition to hospice, unable to (sic) home hospice due to not having family support at home available. Plan was for hospice at facility which is being arranged. Medically stable discharged to [name of facility] on hospice services.Surveyor observed R113's orders and didn't see an order for hospice services in R113's electronic health record. Surveyor also observed R113's care plan and no focus area for hospice services was noted in R113's care plan. On 8/24/2025, at 11:17 AM, Surveyor interviewed R113, who stated he had cancer and needed to communicate to someone regarding a last testament. R113 stated this was related to being sick and dying.On 8/24/2025, Surveyor reviewed R113's Hospice binder that was observed at the nurse's station. Surveyor noted there were documentation of hospice staff visits. Surveyor reviewed the visit logs and noted the hospice aide signed in on 8/19/2025, and the hospice registered nurse (RN) last signed in on 8/18/2025. No order was observed in the binder for hospice services. There were two orders found in the binder, one dated for 8/20/2025, for R113 not to drive, while on narcotics. Another observed order dated 8/22/2025 was for morphine, this was for pain management and was an as needed medication for pain. On 8/26/2025, at 10:36 AM, Surveyor interviewed Social Services Designee (SSD)-FF, who stated R113 came in on hospice and hospice would address most things. SSD-FF indicated that some things would carry over for the facility to handle. For example, R113 is a smoker, and social services will complete some services because of that. SSD-FF stated that hospice will be informed of R113's statements relating to last testament. SSD-FF and surveyor reviewed Electronic Health Record (EHR) for an order for hospice or a care plan related to hospice services. Surveyor and SSD-FF could not find an order or care plan for R113 for these services. SSD-FF stated this should be in R113's care plan and there needs to be an order in the EHR. SSD-FF stated that SSD-FF will be placing the hospice care order and hospice care plan in the EHR and that this should have already been completed by the floor nurses upon admission to hospice. On 8/26/2025, at 3:01 PM Surveyor observed hospice services added into care plan.On 8/26/2025, at 3:03 PM, Surveyor informed Nursing Home administrator (NHA)-A, of the concern that R113 did not have an order for hospice services or a care plan for hospice care. Surveyor informed NHA-A that an interview with SSD-FF was completed. SSD-FF stated that floor nurses should have placed an order for hospice services and added a hospice services care plan in the EHR. No further information was provided at this time.