

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/16/2026
NAME OF PROVIDER OR SUPPLIER Aria of Waukesha		STREET ADDRESS, CITY, STATE, ZIP CODE 1451 Cleveland Ave Waukesha, WI 53186	
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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure that discharge planning included documented coordination of services, resident participation, and verification of a safe and appropriate transition for 1 (R32) of 2 residents reviewed.* R32's medical record did not contain documentation of a completed discharge summary, documented care conference discharge meeting and confirmation that the post-discharge needs and services for R32 were fully addressed prior to discharge. Findings:The Facility's policy, titled Discharge Planning, dated 7/17/2024 states the following, . 13. Document, complete on a timely basis on the resident's discharge needs and discharge plan. The results of the evaluation must be discussed with the resident or resident's representative. All relevant resident information must be incorporated into discharge plan to facilitate its implementation and to avoid unnecessary delays in the resident's discharge or transfer. 14. A post-discharge plan of care that is developed with the participation of the resident and, with the resident's consent, the resident representative(s), which will assist the resident to adjust to his or her new living environment. 15.The post-discharge plan of care will indicate where the individual plans to reside, any arrangements that have been made for the resident's follow up care and any post-discharge medical and non-medical services. R32 was admitted to the facility on [DATE] with diagnoses which include respiratory failure (the lungs cannot properly provide oxygen to the blood or remove carbon dioxide), cognitive communication deficit, heart failure and muscle weakness.R32's admission Minimum Data Set (MDS), dated [DATE], indicates R32 has a Brief Interview for Mental Status (BIMS) score of 14 indicating R32 is cognitively intact. R32 does not use an assistive devices, has functional limitation in upper extremities on one side, has impairment on both side of lower extremities, requires substantial/maximal assistance with sit to stand, requires substantial/maximal assistance with chair/bed to chair transfer, dependent with car transfer and dependent on staff with walking 10 feet.R32's discharge MDS, dated [DATE], indicates R32 was discharged to home/community, has a BIMS score of 13 indicating intact cognition, requires partial/moderate assistance with sit to stand, partial/moderate assistance to chair/bed to chair transfer, car transfer was not attempted due to medical condition or safety concerns, walk 10 feet was not attempted due to medical or safety concerns.The Facility's provided document titled Care Plan Report, indicates R32 would like to discharge home or community, initiate on 12/29/2025. Interventions include encouraging R32 to discuss feelings and concerns with impending discharge, evaluate R32's motivation and ability to safely return to the community and evaluate/record R32's abilities and strengths and determine gaps in abilities which will affect discharge.Surveyor reviewed the Facility provided progress note, dated 1/22/2026 at 9:16 AM, which indicates R32 was discharged home with all paperwork provided by social services and medications sent by the social worker, nursing gave R32 all remaining medications and all belongings. Van transport arrived at the Facility and R32's family member is waiting at destination.On 02/10/2026, at 11:13 AM, Surveyor</p> <p>(continued on next page)</p>		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 525490
		If continuation sheet Page 1 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/16/2026
NAME OF PROVIDER OR SUPPLIER Aria of Waukesha		STREET ADDRESS, CITY, STATE, ZIP CODE 1451 Cleveland Ave Waukesha, WI 53186	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>interviewed Social Services-M who indicated has worked at the Facility for about 7 months. Social Services-M recalled working with R32 and R32's brother regarding discharge and the initial plan when admitted , was to go back to R32's brother's home after rehab. R32's insurance ran out and R32 did not qualify for assistance and did not want to pay privately. R32 is their own person but would include R32's brother in care conferences. Social Services-M indicated R32's first care conference was on 12/31/2025 and the next care conference was 1/6/2026. Surveyor asked Social Services-M if Social Services-M documented the care conferences in R32's medical record or had any documentation of the meetings with R32 regarding discharge planning. Social Services-M informed Surveyor that he usually takes notes in one note and if needed, will reference those notes and deletes them. Social Services-M indicated the notes are only seen by Social Services-M and if any other staff have questions or need the information the staff will come to Social Services-M.On 02/10/2026, at 11:45 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-N regarding the discharge process and progress note for R32. LPN-N indicated the discharge process is managed by the discharge team which includes the social worker, therapy and management (Assistant Director of Nursing (ADON), Director of Nursing (DON), department heads). The Social Worker manages all home health care if needed, doctors' orders and the medications available to the residents. Nursing has little involvement in the discharge process, just making sure belongings are together and sent along with medication management and being available to answer questions. LPN-N indicated there is a discharge check off list which is done on a piece of paper and is not part of medical record. The nurse is responsible for documenting what time the resident is leaving and what is with them. The discharge assessment is done by the team; nursing can do also. Surveyor asked LPN-N how LPN-N knew R32's brother would be waiting for R32 at the homes, LPN-N indicated R32 was on the phone with R32's brother and they were talking. LPN-N did not go over any discharge instructions with R32 and informed Surveyor that the social worker would have gone over discharge instructions and the secretary would go over appointments. LPN-N indicated R32 was given a discharge summary given as well as a copy of medications. LPN-N stated R32's discharge was really fast and abrupt once insurance ran out. LPN-N indicated LPN-N was not working the floor that day but wanted to document what was going on because there was nothing in the chart.Surveyor noted that R32's discharge occurred without documented evidence that R32's discharge goals were met or that R32's ability to safely transition to the community was fully evaluated and verified.On 02/10/2026, at 12:01 PM, Surveyor interviewed Occupational Therapist (OTR)-O. OTR-O indicated R32's goals were for basic Activities of Daily Living (ADL)'s lower body dressing and toilet transfers (was an assist of 1 w/ 2ww). R32 used a wheelchair on the unit for mobility and there was no change at time of discharge. OTR-O indicated based on R32's evaluation, R32 at time of discharge was not appropriate to live alone and was cut off by insurance. Therapy recommended home health services after discharge from the Facility. Surveyor noted that therapy recommendations for home health services were not implemented prior to R32's discharge. There was no documented evidence that the facility ensured referrals for home health services were completed, confirmed or declined by R32. There was no documentation that R32 was fully informed of the risks and benefits of accepting or declining home health services.OTR-O informed Surveyor R32's brother got R32 an apartment and that therapy gave recommendations to R32 and the social worker. OTR-O informed Surveyor that the Social Worker follows up and will do home health referrals. Surveyor noted that R32's medical record did not contain any documentation that home health referrals were initiated or formally declined by R32. There was no documentation that R32 was informed of therapy's recommendations for home health services or the potential risks of discharging without the services On 02/10/2026, at 1:06 PM, Surveyor interviewed Social Services-M regarding therapy</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/16/2026
NAME OF PROVIDER OR SUPPLIER Aria of Waukesha		STREET ADDRESS, CITY, STATE, ZIP CODE 1451 Cleveland Ave Waukesha, WI 53186	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>recommendations for R32 at time of discharge. Social Services-M indicated R32's brother was reluctant to allow anyone to come to the home and said he did not want anyone in his home, which was discussed over the phone the day prior day to discharge. Social Services-M indicated R32's brother said 2 family members would be at the residence to assist R32 and set up a time. Social Services-M indicates he was never told R32 has own apartment and the plan was to stay with R32's brother. Social Services-M informed Surveyor that the home services referral was never sent due to conversation with R32's brother but Social Services-M has nothing documented. Surveyor noted that the facility relied on information provided by R32's brother without informing and verifying it with R32, despite R32 having a BIMS score indicating that he was cognitively intact and was identified to be his own person and decision maker. There was no documentation that R32 was informed of therapy's recommendation for home health services or that R32 declined such services after education regarding potential risks. Surveyor noted that the facility failed to verify that adequate support was in place at the discharge location prior to R32's discharge from the facility. The was no documentation confirming the number of caregivers available, their ability to provide the required assistance with transfer and mobility or that the environment was safe and appropriate for R32's functional status. On 02/10/2026, at 3:20 PM, Surveyor interviewed DON-B and NHA-A regarding the discharge process. DON-B informed Surveyor that Social Worker will open the discharge summary in the electronic health record and nursing will review before the resident leaves. Therapy referrals should be followed through and should be documented why it would not have been submitted. NHA-A indicated the Social Worker should be documenting the care conferences and would expect the Social Worker to document all aspects of clinical team discussed in the care conference in the resident's record. DON-B did not provide any information as to why R32's discharge planning failed to ensure that the recommended home health services were arranged or formally declined by R32 or why the facility did not verify that the discharge environment of R32's destination met R32's identified care needs. On 02/11/2026, at 12:16 PM, NHA-A informed Surveyor that the Facility does not have the records regarding R32's discharge summary or recapitulation of stay. No additional information was provided as to why the facility did not ensure that R32's discharge was safe, informed and consistent with R32's assessed needs and discharge goals.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/16/2026
NAME OF PROVIDER OR SUPPLIER Aria of Waukesha		STREET ADDRESS, CITY, STATE, ZIP CODE 1451 Cleveland Ave Waukesha, WI 53186	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews and record review the facility did not ensure that a resident who is unable to carry out activities of daily living (ADLs) receives the necessary services to maintain good grooming and personal hygiene for 1 of 16 (R23) residents reviewed for ADLs.R23 did not receive showers as requested.Findings include:R23 was admitted to the facility on [DATE] and has diagnoses that include hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, neuralgia and neuritis.The facility policy titled Bathing Policy revised 7/28/25 documents (in part) . It is the policy of this facility to provide residents with a bath or shower in order to cleanse the skin, observe the skin, increase circulation, and prevent infection.1. All residents are offered a bath or shower at least once a week or per resident's preference.4. Documentation of the resident's shower or bath must be completed. If the resident refuses the shower/bath, the nurse needs to be informed for reapproach. If the resident continues to refuse, the refusal must be documented by the licensed nurse.R23's Quarterly Minimum Data Set (MDS) dated [DATE] documents a Brief Interview for Mental Status (BIMS) score of 14, indicating no cognitive impairment.Section GG0130 Self-Care Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair) - Dependent.R23's Care Plan documents: The resident has an ADL self-care performance deficit related to impaired mobility with physical limitations, muscle weakness, recent hospitalization - dated 3/18/25. Interventions include Bathing/Showering: The resident requires assistance by 1 staff with bathing/showering twice a week and as necessary dated 11/3/25. Requires assistance by 2 staff with bathing/showering twice a week and as necessary - Revised 1/27/26.R23's Kardex documents bathing/showering: The resident requires assistance by 2 staff with bathing/showering twice a week and as necessary.On 2/9/26 at 9:43 AM, while interviewing R23, she reported she needs assistance with ADLs. R23 stated. I don't ask a lot, just a diaper change, and get me washed and dressed. I used to get a shower every Monday, but now I don't anymore - I don't know why. R23 reported she thinks her last shower was maybe 2 weeks ago. R23 reported she wants her shower early in the morning, before 10:00 AM.On 2/9/26 at 10:00 AM, Surveyor advised Assistant Director of Nursing (ADON)-C R23's call light was not working for at least an hour, was crying and needed to be changed and she would like some ice water.On 2/9/26 at 10:19 AM, Surveyor observed staff wheeling R23 into her room in the shower chair. Surveyor spoke with R23 after she was dressed and in her wheelchair. R23 reported she received a shower, if that's what you want to call it. It was like 2 minutes; they just rinsed me with water and that was it.Surveyor asked Registered Nurse (RN)-J how the Certified Nursing Assistants (CNAs) know when residents' shower days are. RN-J provided Surveyor a form titled [NAME] Census which listed each resident's name, room number and shower day highlighted in yellow. Surveyor noted the form documents R23's shower day on Monday and Thursday AM.On 2/9/26 at 2:00 PM, Surveyor reviewed the Point of Care (POC) tasks documentation of R23's bathing/showers for the past 30 days (1/12/26 through 2/9/26). The documentation revealed the following:1/12/26, 1/15/26, 1/26/26 and 2/5/26 - Type of Bathing Received: A check mark under not applicable. There was no documentation R23 received a shower on these dates.1/19/26 - a check mark under refused.1/22/26 - a check mark under bed bath. Surveyor found no documentation of why a bed bath was given instead of a shower.1/29/26 and 2/2/26 - there was no documentation on these dates indicating a shower was given.2/9/26 - a check mark under shower. (When Surveyor was in building).On 2/11/26 at 10:32 AM, Surveyor requested and was provided with a printed copy of R23's POC task/shower documentation. Upon reviewing printed copy, Surveyor noted it</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525490	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/16/2026
NAME OF PROVIDER OR SUPPLIER Aria of Waukesha		STREET ADDRESS, CITY, STATE, ZIP CODE 1451 Cleveland Ave Waukesha, WI 53186	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>differed from what surveyor previously viewed in the computer POC. Surveyor viewed documentation in POC again and noted check marks under shower on dates that were not previously there when viewed on 2/9/26. On 2/11/26 at 10:37 AM, Nursing Home Administrator (NHA)-A was advised of concern regarding R23 not receiving showers. Surveyor advised NHA-A that the task/shower documentation on the printed copy provided is different than what surveyor viewed on 2/9/26 and asked why it would have been changed. NHA-A reported her boss printed the form and has no knowledge if or why the documentation is different than previously viewed. On 2/13/26 at 5:08 PM, DON-B emailed the state agency additional information regarding R23's showers. The email documented: Documentation attached shows Resident received showers (within last 30 days as reviewed during survey): 1/12/2026 1/15/2026 - Refused 1/19/2026 1/22/2026 - Refused shower but allowed bed bath 1/23/2026 1/24/2026 1/26/2026 - Refused 1/29/2026 - Refused 2/7/2026 2/9/2026 Surveyor noted that per R23's plan of care, where it documents R23 is supposed to receive showers on Monday and Thursday AM, R23 was supposed to have a total of 9 scheduled shower opportunities between 1/12/26 and 2/9/26. The documentation provided by the facility does not provide evidence that R23 received showers per R23's care plan on 2/2/26 and 2/5/26 nor does it provide an explanation as to why the documentation provided was not the same as the documentation viewed by surveyor during the on site survey. No additional information was provided as to why R23, who is unable to carry out activities of daily living, received the necessary services to maintain good grooming and personal hygiene.</p>		