STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525498	A. Building B. Wing	12/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Amethyst Health of Brown Deer	7500 W Dean Rd Milwaukee, WI 53223

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility did not ensure residents with non-pressure wounds received treatment and care in accordance with professional standards of practice for 1 (R6) of 1 residents with a non-pressure wound; and based on interview and record review the facility did not thoroughly complete neurological checks in accordance with professional standards of practice for 1 (R4) of 2 residents reviewed for unwitnessed falls.*R6 has a diagnosis of diabetes and a care plan intervention to inspect feet daily for open areas, sores, pressure areas, blisters, edema or redness. Facility did not provide documentation that daily foot checks were being completed. R6 developed a right heel diabetic wound on 9/22/25. R6's wound MD ordered a treatment that was not put in place by facility staff. Facility staff did not document any additional wound assessments and did not document the completion of wound care after 9/22/25. On 10/9/25, Surveyor observed R6's right heel and noted R6's heel wound had resolved.*R4 sustained unwitnessed falls on 8/18/25, 9/10/25 and 9/18/25. R4's neurological checks after the unwitnessed falls were not always thoroughly documented as completed and some checks were missing.Findings include:The facility policy dated September 2025 and titled, Pressure injury and skin impairment prevention and management , documents, in part: [The facility] is committed to providing a comprehensive pressure injury and skin impairment prevention and management program that is consistent with professional standards of practice to promote the resident's highest level of functioning and well-being. The goal is that all residents receive prompt assessment and treatment for all skin conditions. Ongoing Assessment for Risk of Wound Development. Any patients/residents living with Diabetes will have foot checks every evening by the [Certified Nursing Assistant] or designee. Ongoing Assessment of Wound Status: Weekly comprehensive wound assessment will be completed and documented in [electronic medical record] skin and wound application by. [Wound Care Certified Nurse]/designee or by . wound physician. The assessment should include at least the following parameters: Location of wound. Length, width, and depth measurements. Appearance of the wound base. Wound Care Rounds are completed weekly and as needed.1.) R6 was admitted to the facility on [DATE] with diagnosis that include paraplegia, Type 2 Diabetes, and End stage renal disease requiring renal dialysis.R6's Quarterly Minimum Data Set (MDS) assessment dated [DATE] documents R6 is cognitively intact. R6 is dependent on staff for toileting, bathing and transfers. The MDS documents that R6 is at risk for pressure injuries but that R6 did not have any pressure injuries, or any other non-pressure wounds.R6's Type 2 Diabetes care plan initiated on 4/9/23 documents the following pertinent intervention: Inspect feet daily for open areas, sores, pressure areas, blisters, edema or redness.Surveyor reviewed R6's physician orders and noted R6 did not have a physician order for foot checks daily. Surveyor reviewed R6's Treatment Administration Record (TAR) and noted R6 did not have documentation that foot checks were being completed daily. Surveyor reviewed R6's Certified Nursing Assistant (CNA) Kardex and noted daily foot checks were not documented on the CNA-Kardex to alert CNAs to check R6's feet.On 10/8/25 at 8:20 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-D. Surveyor asked if a diabetic resident should have foot checks. LPN-D stated yes, they do get foot checks. Surveyor asked how often. LPN-D stated LPN-D thinks it should be once a week. LPN-D stated that if a resident is receiving any treatment on their feet, they would get daily foot checks. LPN-D stated that the foot check is documented in the TAR.Surveyor noted LPN-D stated that foot checks are completed weekly instead of daily. Surveyor noted the facility policy and R6's care plan documents that diabetics should have their feet checked daily.On 10/8/25 at 1:35 PM, Surveyor interviewed Director of Nursing (DON)-B. Surveyor asked if Diabetic residents should have foot checks. DON-B stated yes. Surveyor asked how often. DON-B stated weekly. Surveyor asked if foot checks should be done daily. DON-B stated there is a resident at the facility who does get daily foot checks. Surveyor asked where foot checks would be documented. DON-B stated the checks are documented in the TAR. Surveyor asked if foot checks should be an MD order. DON-B stated that staff would need a MD order to document the foot check in the TAR. Surveyor asked if foot checks should be on the diabetic care plan. DON-B stated yes.Surveyor noted that R6's diabetic care plan documented that R6 should have foot checks daily. Surveyor noted R6 did not have an MD order for foot checks and noted the facility did not provide documentation that foot checks were being completed daily per R6's care plan.R6's potential for pressure ulcer development care plan initiated on 8/10/22 documents the following pertinent interventions: Follow facility policies/protocols for the prevention/treatment of skin breakdown. The resident