

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525519	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2024
NAME OF PROVIDER OR SUPPLIER  Care Age of Brookfield		STREET ADDRESS, CITY, STATE, ZIP CODE  1755 N Barker Rd Brookfield, WI 53045	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>40533</p> <p>Based on interview and record review, the facility did not ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, are reported immediately to the administrator of the facility and to the State Survey Agency in accordance with State law through established procedures. The staff did not report the incident to the administration immediately after the incident and did not contact law enforcement to report this reasonable suspicion of a crime for 1 (R1) of 3 residents reviewed for abuse and neglect.</p> <p>On 4/2/24 while providing cares, R1 accused Certified Nursing Assistant (CNA)-D of slapping her. CNA-D reported this to Licensed Practical Nurse (LPN)-C. LPN-C did not immediately report the allegation of abuse to administration. Law enforcement was not called to report this reasonable suspicion of a crime.</p> <p>Findings include:</p> <p>Surveyor reviewed facility's Abuse, Neglect and Exploitation policy with a revised date of 09/22/2023. Documented was:</p> <p>Policy:</p> <p>It is the policy of [this facility] to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property.</p> <p>.VII. Reporting/Response</p> <p>A. The facility will have written procedures that include:</p> <p>1. Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g., law enforcement when applicable) within specified timeframes .</p> <p>5. Taking all necessary actions as a result if the investigation, which may include, but are not limited to, the following:</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>a. Analyzing the occurrence(s) to determine why abuse, neglect, misappropriation of resident property or exploitation occurred, and what changes are needed to prevent further occurrences;</p> <p>b. Defining how care provisions will be changed and/or improved to protect residents receiving services;</p> <p>c. Training of staff on changes made and demonstration of staff competency after training is implemented;</p> <p>d. Identification of staff responsible for implementation of corrective actions;</p> <p>e. The expected date for implementation; and</p> <p>f. The expected date for implementation; and Identification of staff responsible for monitoring the implementation of the plan.</p> <p>B. The Administrator will follow up with government agencies, during business hours, to confirm the initial report was received, and to report the results of the investigation when final within 5 working days of the incident, as required by state agencies .</p> <p>R1 was admitted to the facility 2/1/23 with diagnoses that included COPD (Chronic Obstructive Pulmonary Disease), Dementia, Restlessness and Agitation and History of Falls.</p> <p>Surveyor reviewed R1's MDS (Minimum Data Set) Assessment with an assessment reference date of 2/7/24. Documented under Cognition was a BIMS (brief interview of mental status) score of 05 which indicated severe cognitive impairment.</p> <p>Surveyor reviewed Misconduct Incident Report with a Report Submitted Date of 4/5/2024. Documented under Summary of Incident was Date occurred 04/02/2024. Time occurred 03:35 AM . Briefly Describe the incident . On 4/2/24, it was reported to the Administrator that the resident stated that she was slapped in the face. An investigation was immediately initiated. Resident had been immediately evaluated and found to have no injury. [CNA-D] was identified as accused caregiver. She was contacted, statement obtained and she was notified of investigation .</p> <p>Surveyor reviewed Investigation Summary prepared by Nursing Home Administrator (NHA)-A. Documented was:</p> <p>4/2/24 at [6:25 AM] in person interview with [Director of Nursing (DON)-B]</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Met with [LPN-C] to discuss allegations of [R1] for possible physical abuse from earlier in the shift. Discussed that if there is abuse alleged, the staff member needs to be removed from providing care to that resident and all others and that notification should be immediate and a phone call to myself or the Administrator. Verbalized understood and told me [CNA-D] no longer cared for that resident and [LPN-C] completed all the necessary cares the rest of the evening. [LPN-C] did tell the writer that residents often have similar behaviors especially during the night including delusional type episodes and resisting care for at least the last year here in facility. [R1] is often startled easily and often paints her walls with feces and tears off her briefs. [LPN-C] does not think that anything happened to [R1] but that she was having some behaviors and upset due to her-dementia. [LPN-C] herself went into room and provided incontinence care around 5am and saw no injury to [R1's] face but [R1] did continue to say that someone hit her.</p> <p>Surveyor noted that Administration was not immediately informed of the abuse allegation and it was not reported until the morning.</p> <p>Surveyor reviewed Misconduct Incident Report with a Report Submitted Date of 4/5/2024. Documented under Summary of Incident was Date discovered 04/02/2024. Documented under Law Enforcement Involvement was Was law enforcement contacted or involved? No.</p> <p>Surveyor noted law enforcement should have been contacted due to suspicion of physical abuse as a crime.</p> <p>On 4/11/24 at 12:27 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A and DON-B. Surveyor asked if the incident was reported to the police. NHA-A stated no, I didn't think it was a crime. Surveyor asked why LPN-C did not report the incident immediately upon being made aware of the allegation. DON-B stated she was not sure. DON-B stated she had just arrived at the facility and got a text message while she was still in the parking lot at 5:42 AM. DON-B stated she went directly to the nurse's station to investigate. Surveyor asked if LPN-C should know to call administration immediately with an allegation of abuse. DON-B stated yes. DON-B also noted with a phone call, not a text. DON-B stated LPN-C had individualized abuse training that day.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p>40533</p> <p>Based on interview and record review, the facility did not ensure that in response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. This had the potential to effect 19 of 19 residents on the 400 hallway.</p> <p>On 4/2/24 while providing cares, R1 accused Certified Nursing Assistant (CNA)-D of slapping her. CNA-D reported this to Licensed Practical Nurse (LPN)-C. LPN-C did not immediately report the allegation of abuse to administration resulting in CNA-D not being removed from the resident care area immediately pending investigation and was allowed to work the rest of the shift.</p> <p>Findings include:</p> <p>Surveyor reviewed facility's Abuse, Neglect and Exploitation policy with a revised date of 09/22/2023. Documented was:</p> <p>Policy:</p> <p>It is the policy of [this facility] to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property .</p> <p>VI. Protection of Resident</p> <p>The facility will make efforts to ensure all residents are protected from physical and psychosocial harm, as well as additional abuse, during and after the investigation. Examples include but are not limited to:</p> <p>A. Responding immediately to protect the alleged victim and integrity of the investigation;</p> <p>B. Examining the alleged victim for any sign of injury, including a physical examination or psychosocial assessment if needed;</p> <p>C. Increased supervision of the alleged victim and residents;</p> <p>D. Room or staffing changes, if necessary, to protect the residents) from the alleged perpetrator;</p> <p>E. Protection from retaliation;</p> <p>F. Providing emotional support and counseling to the resident during and after the investigation, as needed;</p> <p>G. Revision of the resident's care plan if the resident's medical, nursing, physical, mental, or psychosocial needs or preferences change as a result of an incident of abuse .</p> <p>(continued on next page)</p>		

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