

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  12/03/2025
NAME OF PROVIDER OR SUPPLIER  Complete Care at Care Age		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)		
F 0812  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility did not ensure food was served in accordance with professional standards for food service safety potentially affecting 45 of 67 residents who eat their meals in their room. Observations were made of staff delivering meal trays to residents in their room with uncovered dessert items and beverages. Findings include: The facility policy and procedure that is undated and titled Dining: Maintain Nutritive Values documents: 4. Food Service . b. Prepared food will be transported to other areas in covered containers. On 12/2/2025 at 12:15 PM, Surveyor was in R1's room when staff brought in R1's lunch tray. The tray had a bowl with chocolate cake that had not been covered and coffee that did not have a lid on. Staff had prepared R1's meal tray at the nurses' station down the hallway and carried the uncovered items through the hall to present to R1. On 12/3/2025 at 8:02 AM, Surveyor observed the breakfast service on the rehab (rehabilitation) unit. Trays were brought to the unit by the kitchen staff in an insulated cart. Certified Nursing Assistant (CNA)-D, Registered Nurse (RN)-E, CNA-F, CNA-G, Central Supply/Unit Secretary (CS/US)-H, Director of Nursing (DON)-B, and Assistant DON (ADON)-C were observed passing trays to residents in their rooms. Orange juice that was in an individual serving containers were opened at the nurses' station, poured into a glass, and placed on the meal trays. Coffee was poured from a carafe into cups and placed on the meal trays. Milk was poured from a gallon jug and placed on the meal trays. None of the beverages that were poured into glasses or cups were covered and were brought down the hallway to resident rooms. In an interview on 12/3/2025 at 11:00 AM, Surveyor asked District Dietary Manager (DDM)-I how many residents ate in the dining room compared to eating in their room. DDM-I stated about 35 percent of the residents eat in the dining room with the rest eating in their rooms. Surveyor asked DDM-I what the expectation was of staff serving residents in their room regarding covering the food and beverages on the tray. DDM-I stated individual juices containers and milk cartons are on the beverage cart on each unit as well as a carafe of coffee. DDM-I stated the individual beverage cartons should be opened in the resident room and put in a glass at that time and coffee is poured as needed. DDM-I stated the coffee cups have lids that should be used when going down the hallway. DDM-I stated the milk in gallon containers are used only in the dining room. DDM-I stated anything going from the cart down the hall should be covered. Surveyor shared with DDM-I the observation on 12/2/2025 of a resident receiving a room tray with their chocolate cake and coffee not covered and the observations of multiple staff on the rehab unit on 12/3/2025 pouring beverages into glasses or cups and bringing them to resident rooms without any lids on. DDM-I stated all the beverages and food items should be covered. On 12/3/2025 at 12:55 PM, Surveyor shared with Nursing Home Administrator (NHA)-A, DON-B, Regional Consultant (RC)-J, and RC-K the observations made on 12/2/2025 and 12/3/2025 of uncovered food and beverages on the hall trays. NHA-A requested clarification of where the observations were made and when. Surveyor clarified the dates and units the observations were made. No additional information was provided.</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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