

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 03/20/2024
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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38829</p> <p>The facility did not ensure grievances and recommendations discussed during resident group meetings (Resident Council) were acted upon promptly and with feedback provided by the Facility.</p> <p>R2, R4, R20, and R51, expressed concern the Facility did not resolve grievances or provide feedback of steps taken to resolve grievances discussed at Resident Council Meetings.</p> <p>The grievance documents generated from Resident Council Meetings do not identify how the grievances were investigated, if interviews with staff/residents were completed, or the outcome of the investigation. Resident Council Minutes did not include actions taken regarding the concerns voiced by residents.</p> <p>Findings Include:</p> <p>Surveyor reviewed the facility's Resident Council Meetings policy and procedure implemented 2/20/23 and notes the following:</p> <p>. Policy:</p> <p>This facility supports the rights of Residents to organize and participate in Resident groups, including a Resident Council. This policy provides guidance to promoting structure, order, and productivity in these group meetings.</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>6. The group may appoint a Resident to take notes/maintain meeting minutes or may elect the Life Enrichment Director/designated liaison to take notes/maintain minutes. Meeting minutes may include, but are not limited to:</p> <ul style="list-style-type: none"> a. Names of Residents in attendance b. Follow up from previous meetings c. Issues discussed d. Recommendations from the group to facility staff <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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>e. Names of staff members, speakers, and other guests present in the meeting</p> <p>7. The facility shall act upon concerns and recommendations of the Council, make attempts to accommodate recommendations to the extent practicable, and communicate its decisions to the Council.</p> <p>On 3/18/24 at 2:09 PM, Surveyor reviewed the Facility documented minutes from the Resident Council meetings.</p> <p>Documented was:</p> <ul style="list-style-type: none"> -On 9/27/23: One Resident expressed concern their toilet is not clean. -One Resident stated they are missing pants. <p>Surveyor notes the Facility does not have documented grievance forms completed addressing the expressed concerns and resolution.</p> <p>Surveyor notes the 10/30/23 meeting minutes do not have documentation addressing the follow up of the grievances from the 9/27/23 meeting or if the grievances were resolved.</p> <p>On 11/20/23 the meeting minutes document:</p> <ul style="list-style-type: none"> -One Resident expressed a concern related to the outside lab technician not explaining what they were doing to her. -One Resident stated they have to ask to get their room cleaned. <p>Surveyor notes the Facility does not have documented grievance forms completed addressing the expressed concerns and resolution.</p> <p>On 12/28/23 the meeting minutes document:</p> <ul style="list-style-type: none"> - Concern expressed that Dietary staff are not wearing hair nets. - Call lights not answered on 3rd shift. -Resident with toilet troubles and dusting. -Door not shutting right. <p>Surveyor notes the meeting minutes do not have documentation the grievances from the 11/20/23 meeting were resolved and the Facility does not have documented grievance forms completed addressing the expressed concerns and resolution from the 12/28/23 meeting.</p> <p>Surveyor notes the facility did not have hold a Resident Council Meeting in January 2024 due to a RSV here was no meeting in January 2024 due to RSV (respiratory Syncytial Virus) outbreak.</p> <p>On 2/13/24 the meeting minutes document:</p> <p>(continued on next page)</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Food could be warmer, the past weekend was bad and very slow.</p> <p>Surveyor notes the meeting minutes do not have documentation the grievances from the 12/28/23 meeting were resolved or follow up provided and the Facility does not have documented grievance forms completed addressing the expressed concern and resolution from the 2/13/24 meeting.</p> <p>On 3/14/24 the meeting minutes document:</p> <p>-Activities-more activities on Saturday.</p> <p>-Laundry concerns.</p> <p>-Food is always cold, meat tough and terrible, raw broccoli in the cheese soup. Food delivery in dining room takes way too long, Not served by table.</p> <p>Surveyor notes there are grievance forms written up for the concerns and it is documented the designated staff have until 3/29/24 to resolve the concerns.</p> <p>On 3/19/24 at 10:30 AM, Surveyor conducted the Resident Council Interview task. The following Residents attended and Surveyor notes their Brief Interview for Mental Status (BIMS) score.</p> <p>-R50-BIMS of 7 as documented on the 5 day Minimum Data Set (MDS) dated [DATE]. The score of 7 indicates R50 is severely impaired for daily decision making.</p> <p>-R2-BIMS of 4 as documented on the quarterly MDS dated [DATE]. The score of 4 indicates R2 is severely impaired for daily decision making.</p> <p>-R4-BIMS of 15 as documented on the quarterly MDS dated [DATE]. The score of 15 indicates R4 is cognitively intact for daily decision making.</p> <p>-R20-BIMS of 15 as documented on the quarterly MDS date 1/25/24. The score of 15 indicates R20 is cognitively intact for daily decision making.</p> <p>-R51-BIMS of 15 as documented on the admission MDS dated [DATE]. The score of 15 indicates R51 is cognitively intact for daily decision making.</p> <p>Surveyor discussed the topic of resolution to concerns and follow up with concerns discussed in the Facility Resident Council Meetings with all Residents present at the meeting. All Residents expressed concern the Facility staff do not address concerns discussed at the Resident Council meetings and follow up to concerns is not discussed or addressed.</p> <p>(continued on next page)</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 3/19/24 at 12:28 PM, Surveyor interviewed Activity Director (AD)-V. AD-V stated AD-V has only been in the position for 3 months and sometimes takes minutes. AD-V indicated Activity Assistant (AA)-W was taking minutes prior to AD-V. AD-V stated the facility just started this month with a new procedure for addressing concerns and getting resolution. AD-V confirmed that Resident Rights are not reviewed at the Resident Council meetings, does not review who the facility ombudsman is or how to contact the State Survey Agency with concerns. AD-V stated AD-V does not even know where that information is located in the facility for Residents to view. AD-V informed Surveyor the following: Why would I remind Residents where the survey results are if they don't ask?</p> <p>On 3/19/24 at 2:12 PM, Surveyor interviewed the Nursing Home Administrator (NHA)-A. Per NHA-A a review of outstanding concerns is done and the facility goes department by department to obtain any general concerns. NHA-A has started a new process with the Activity Director (AD)-O. Surveyor shared the concern that during the Resident Council meeting, Residents expressed that Resident Rights are reviewed, the Residents did not know who or what the ombudsman is, where the state survey results are kept for review, and the Residents do not know where the information is kept informing them how to contact the State Agency to express concerns. Surveyor also shared the concern there is no documented resolution to concerns from previous months in the Resident Council meeting notes. No further information was provided at this time.</p> <p>On 3/19/24 at 2:42 PM, NHA-A confirmed they can not locate written documentation concerns discussed in Resident Council for September, November, December 2023, and February 2024 were addressed and resolved. NHA-A also confirmed the facility does not review Resident Rights, location of State Agency complaint information, ombudsman, or location of State Survey results at the Resident Council Meetings.</p> <p>On 3/20/24 at 8:21 AM, Surveyor was notified by NHA-A that an inservice was completed with staff and an impromptu Resident Council Meeting will be held today to review topics discussed yesterday.</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>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20483</p> <p>Based on interview and record review the Facility did not report 2 of 2 incidents to the State Survey Agency and/or Nursing Home Administrator.</p> <p>* A possible diversion of liquid morphine was not reported to the Nursing Home Administrator and State Agency.</p> <p>* R25's ankle fracture was not reported to the State Agency as an injury of unknown origin.</p> <p>Findings include:</p> <p>The Abuse, Neglect and Exploitation policy last reviewed/revised 9/22/23 documents alleged violation is a situation or occurrence that is observed or reported by staff, resident, relative, visitor or others but has not yet been investigated and, if verified, could be indication of noncompliance with the Federal requirements related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property.</p> <p>Under VII Reporting/Response documents:</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>a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury or</p> <p>b. Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.</p> <p>1.) On 3/18/24 at 2:06 p.m. Surveyor asked LPN (Licensed Practical Nurse)-K if she was aware of any morphine or other narcotics missing. LPN-K informed Surveyor she heard about it but didn't know any details. LPN-K informed Surveyor because of the potential narcotics missing they changed the way they log all received narcotics. LPN-K explained when medication comes in they have to sign for the card and when the card is finished or the resident is discharged on the log two people have to sign.</p> <p>On 3/18/24 at 3:52 p.m. Surveyor asked LPN-M if she was aware of Resident's morphine being missing. LPN-M informed Surveyor she heard about it in report. Surveyor inquired when this was. LPN-M informed Surveyor about four months ago roughly but she's bad with time. LPN-M informed Surveyor they went from liquid to tablet form of morphine. Surveyor asked if LPN-M knew the name of the Resident who was missing their morphine. LPN-M informed Surveyor it was mostly hospice patients.</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>On 3/18/24 at 2:32 p.m. during the end of the day meeting NHA (Nursing Home Administrator)-A and DON (Director of Nursing)-B, Surveyor asked DON-B if there are any concerns regarding missing narcotics. DON-B informed Surveyor they don't have any concerns regarding missing narcotics and thought the nurses were lackadaisical in counting. Surveyor asked DON-B why she thought this. DON-B informed Surveyor there were not a lot of signatures on the shift to shift but things were matching up. DON-B informed Surveyor they changed their system on how they track narcotics in and out. DON-B explained it is not by Resident's name each card gets a number. DON-B informed Surveyor if a resident is discharged or the medication is used up it has to be signed by two nurses. DON-B stated we had rumors, there was agency in the building there were random rumors. Easy to divert that's why we worked on a plan. DON-B stated there was no missing narcotics.</p> <p>On 3/19/24 at 9:47 a.m. Surveyor asked LPN-N if she was aware of any Residents missing their morphine. LPN-N informed Surveyor she heard rumbling of something but doesn't know specific details. Surveyor asked LPN-N if she remembered anything. LPN-N informed Surveyor something with morphine, there was juice in the bottle instead of morphine then they switched the liquid morphine to a pill form. Surveyor asked LPN-N when this was. LPN-N replied honestly don't know, within the last year. LPN-N informed Surveyor there was a resident who's morphine was ineffective, the nurse found out it was juice not morphine and the liquid morphine was switched immediately to pill form for all residents. LPN-N was unable to provide Surveyor with the name of the Resident.</p> <p>On 3/19/24 at 2:41 p.m. Surveyor asked LPN-J if she was aware of any Resident's morphine or narcotics missing. LPN-J informed Surveyor they used to have liquid morphine. Her manager told her something was wrong with it and they started using pills. Surveyor asked who the manager is. LPN-J informed Surveyor name of LPN/UM (Licensed Practical Nurse/Unit Manager)-Q but she doesn't think she is here today.</p> <p>On 3/19/24 at 2:46 p.m. Surveyor asked LPN-R if she heard of Resident's morphine being missing. LPN-R replied I have. LPN-R explained there was an issue with morphine liquid and then converted everything to tablets. Surveyor asked LPN-R what the issue was. LPN-R explained there was a Resident down the 300 unit that they couldn't get their pain symptoms under control. The unit manager said enough of this, she popped off the morphine top and said it smelled like mouthwash. The Manager then got a sealed morphine out of the contingency machine on south. Surveyor asked who the Resident was on the 300 unit. LPN-R informed Surveyor she doesn't know the name as she doesn't take care of residents on 300. Surveyor asked who the manager was. LPN-R stated the first name of LPN/UM-Q. LPN-R informed Surveyor they also changed the system of how they count narcotics.</p> <p>On 3/19/24 at 4:04 p.m. Surveyor spoke with Pharmacist-S on the telephone and asked if he was able to tell Surveyor in the last six months has there been any liquid morphine removed from the contingency machine at [Name of] Facility and when the Facility switched from liquid morphine to tablets. Pharmacist-S informed Surveyor, Surveyor probably needs to speak with FM (Facility Manager)-T.</p> <p>At 4:07 p.m. Surveyor spoke with FM-T on the telephone. Surveyor asked FM-T when [Name of] Facility switched from liquid morphine to tablets and if they have any records of when liquid morphine was removed from contingency. FM-T informed Surveyor they switched to tablets in the beginning of October and had discussions of doing this with the DON. Surveyor asked FM-T if he knew why the Facility switched from liquid to tablets. FM-T informed Surveyor he would have to go back and do more research but would get back to Surveyor.</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>On 3/19/24 at 5:20 p.m. FM-T left Surveyor a voice message asking Surveyor to return his call.</p> <p>On 3/19/24 at 5:49 p.m. Surveyor telephoned FM-T back and left a message requesting a return call.</p> <p>On 3/20/24 at 9:32 a.m. Surveyor telephoned FM-T and left a message requesting a return call. FM-T did not return Surveyor's call.</p> <p>On 3/20/24 at 8:21 a.m. Surveyor asked LPN-U if she knew why the Facility changed from liquid morphine to tablets. LPN-U replied I'll have to get back to you on that one. LPN-U went into an office, returned and informed Surveyor they all did an in-service and it was visually hard to read the bottles. Surveyor asked LPN-U if she was aware of a Resident's morphine not being in the bottle. LPN-U replied no and informed Surveyor she just knows there was a situation with the count doesn't know officially as it was on the other side of the building. LPN-U informed Surveyor she just knows the count was off.</p> <p>On 3/20/24 at 12:50 p.m. Surveyor asked DON-B why liquid morphine was switched to tablets. DON-B replied I already told you because of the counting issues and the spilling issues. Morphine comes with an eye dropper. Consistently the bottle leaks. DON-B informed Surveyor before they switched to tablets the pharmacy provided them with stoppers so the nurses were not just pulling from the bottles but they were spilling into the carts. DON-B informed Surveyor the bottles were hard to read and it's not a guessing game when it comes to narcotics for end of life. DON-B informed Surveyor the official change was 10/13/23. DON-B stated to Surveyor she knew Surveyor was going to come back to her and 10/16/23 was when they started in-servicing. DON-B showed Surveyor the new log with card number, resident name, medication name, date received, date removed, reason and signatures. Surveyor then informed DON-B what Surveyor was being told by nursing staff of a Resident's pain not being managed and the Resident was on liquid morphine. LPN/UM-Q checked the morphine and there wasn't morphine in the bottle. Surveyor was told by one nurse it was juice and by another nurse it was mouthwash. LPN/UM-Q went to contingency for a new bottle of liquid morphine and after morphine from the new bottle was given to this resident, the resident's pain was being managed. Surveyor informed DON-B Surveyor was unable to interview LPN/UM-Q as she is on vacation out of the state. DON-B informed Surveyor there was that rumor going around and heard that too but didn't witness it herself. Surveyor asked DON-B if she spoke with LPN/UM-Q when she thought there was something else other than morphine in the morphine bottle. DON-B informed Surveyor there was no way to confirm whether it was or wasn't. Surveyor asked DON-B if she did an investigation into the possible misappropriation of resident property/drug diversion. DON-B replied no I did not. Surveyor asked DON-B why she didn't do an investigation. DON-B replied I was in the process of changing the way narcotics were being handled before this happened. I was already working on it. DON-B explained she ordered a control substance log book. Surveyor informed DON-B Surveyor doesn't understand why she wouldn't have investigated this. DON-B informed Surveyor she didn't feel it was necessary at that point because she didn't think there was a diversion. DON-B stated my unit manager (LPN/UM-Q) is a little jagged from where she worked before when it was happening. I told her she was being overly paranoid. Surveyor asked DON-B if there is anything else she'd like to tell Surveyor. DON-B replied no.</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>On 3/20/24 at 1:13 p.m. Surveyor asked NHA (Nursing Home Administrator)-A if she was aware of why Resident's liquid morphine being switched to pill form. NHA-A informed Surveyor they were switching due to concerns of the amounts identified. Surveyor asked NHA-A if she was informed liquid in a Resident's morphine bottle may not have been morphine. NHA-A replied no. Surveyor asked if she had been made aware of this would an investigation been initiated. NHA-A replied I would look into it. Surveyor asked NHA-A who makes the decision if there is going to be an investigation. NHA-A informed Surveyor generally it would go to [name of] DON-B and then she would bring it to her. NHA-A informed Surveyor there was a concern of liquid morphine checks on the narcotics log and they decided to get rid of the liquid morphine. Surveyor inquired if there was any investigation. NHA-A replied no.</p> <p>On 3/20/24 at 1:26 p.m. Surveyor asked DON-B if LPN/UM-Q informed her of the Resident's name who she thought liquid morphine had been removed and replaced with something else. DON-B replied no. Surveyor asked DON-B if she asked LPN/UM-Q the Resident's name. DON-B replied I don't remember to be honest. DON-B informed Surveyor she thinks it was a Resident on the 400 hall. Surveyor asked why she thought this. DON-B that's where most of the hospice residents were.</p> <p>DON-B did not report the possible misappropriation of resident property/medication diversion to NHA-A. This allegation not report this to the State agency.</p> <p>38253</p> <p>2.) R25 was admitted to the facility on [DATE] with diagnoses of a fractured patella, coronary artery disease, muscular dystrophy, anxiety, depression, and dementia.</p> <p>R25's admission Minimum Data Set (MDS) assessment dated [DATE] indicated R25 had moderate cognitive impairment with a Brief Interview for Mental Status (BIMS) score of 11 and was assessed as being dependent on staff for toileting with moderate to substantial assist with other activities of daily living. R25 had a knee immobilizer to the left leg due to the left patella fracture and had a transfer status of Hoyer lift. R25 had an activated Power of Attorney (POA).</p> <p>R25's hospital Discharge Summary dated 11/6/2023 documented R25 presented to the emergency roianom on [DATE] with complaints of left knee pain but did not recall falling. The hospital spoke to R25's POA via phone who informed them R25 had a colonoscopy the day before and was more weak than usual, fell twice, and had left knee pain. R25 ambulated with a walker. The x-ray report from 10/31/2023 impression stated increased swelling/thickening of the patellar tendon suspicious for injury with avulsion fracture of the inferior patella. The ankle appeared normally aligned on nondedicated imaging with degenerative changes in the partially imaged foot; minimal spurring at the plantar and posterior calcaneus.</p> <p>On 12/5/2023 at 1:17 PM, in the progress notes, Nurse Practitioner (NP)-F charted R25 was seen on 12/4/2023 and R25 denied pain. The extremity exam indicated a left knee immobilizer was in place and there was no edema, clubbing, or cyanosis.</p> <p>On 12/9/2023 at 6:41 AM, in the progress notes, Licensed Practical Nurse (LPN)-E charted R25 was found sitting on the edge of the bed and had the call light pulled out of the wall. R25 stated they were looking for the remote for the TV. LPN-E charted R25 was assisted back into bed and explained that the TV was off. The bed was placed in low position.</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>On 12/10/2023 at 7:17 PM, in the progress notes, the physician charted R25 was seen on 12/8/2023 and R25 denied pain. The extremity exam indicated a left knee immobilizer was in place and there was no edema, clubbing, or cyanosis.</p> <p>On 12/21/2023 at 6:30 AM, in the progress notes, NP-F charted R25 was seen on 12/21/2023 and R25 denied pain. The extremity exam indicated a left knee immobilizer was in place and there was no edema, clubbing, or cyanosis.</p> <p>On 12/26/2023 at 6:00 AM, in the progress notes, NP-F charted R25 was seen on 12/26/2023 and R25 denied pain. The extremity exam indicated a left knee immobilizer was in place and there was no edema, clubbing, or cyanosis.</p> <p>On 1/2/2024 at 1:03 PM, in the progress notes, LPN-E charted R25 was noted to have increased edema to bilateral extremities with 1-2 plus pitting edema. R25 did not have any complaints of shortness of breath or difficulty breathing. A recent weight was obtained and R25 had a ten-pound weight gain. The NP was notified, and new orders were obtained for tubigrips to bilateral lower extremities and labs to be drawn in the morning.</p> <p>On 1/3/2024 at 11:30 AM in the progress notes, LPN-E charted edema continued to R25's bilateral lower extremities with 1-2 plus pitting edema. Tubigrips were on, lung sounds were clear, and R25 did not have any complaints of shortness of breath or difficulty breathing. R25 complained of pain to the left ankle when moved or touched. R25 was given acetaminophen and the NP was notified. New orders were obtained to ice ankle as needed and to get an x-ray of the left ankle. Acetaminophen was scheduled. R25's POA was contacted, and a message was left to call back for the change in condition.</p> <p>On 1/3/2024, R25 was seen by NP-F and documented NP-F had been alerted the day before of R25 complaining of left ankle pain increased with movement. R25 had not had any falls in the last 30 days. R25 had been non-weight bearing to the left lower extremity since hospitalization due to patellar deformities. (Surveyor noted R25 had been weight bearing as tolerated.) R25 had been wearing an immobilizer. R25 is forgetful of current weightbearing status and has attempted to self-transfer in the past. R25 reported pain 8/10 with movement, 3/10 at rest. Swelling was noted to the left ankle. An x-ray was ordered due to significantly limited range of motion. NP-F documented R25 had a possible ankle fracture from fall prior to hospitalization with new onset of pain related to improved edema and resolved pain in the knee. (Surveyor noted previous documentation by NP-F indicated there was no swelling or edema to R25's lower extremities and nursing charted edema on 1/2/2024.)</p> <p>On 1/4/2024 at 2:25 AM, in the progress notes, nursing charted the x-ray results came back indicating a fracture to the left fibula shaft at level of syndesmosis with no displacement. The NP was notified, and orders were obtained to splint the left ankle, non-weight bearing to left lower extremity, and schedule an appointment with ortho.</p> <p>Surveyor reviewed Facility Reported Incidents that had been submitted to the State Agency. No report was found for R25's left ankle fracture as an injury of unknown origin.</p> <p>On 3/19/2024 at 2:02 PM, Surveyor requested from Nursing Home Administrator (NHA)-A any information regarding R25's fractured left ankle.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Care Age of Brookfield		STREET ADDRESS, CITY, STATE, ZIP CODE 1755 N Barker Rd Brookfield, WI 53045	
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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>On 3/20/2024 at 8:54 AM, NHA-A provided an investigation into R25's left ankle fracture. Staff statements were obtained on 1/4/2024, the day after the x-ray confirmed a fracture. No report was filed with the State Agency.</p> <p>In an interview on 3/20/2024 at 9:52 AM, Surveyor asked Social Worker (SW)-G what the facility process was when a resident was found with an injury of unknown origin. SW-G stated Director of Nursing (DON)-B will follow up with the incident to determine what is reportable and what is not reportable. Surveyor asked SW-G if NHA-A is involved in the reporting process. SW-G was not sure if NHA-A was involved in determining what is reported to the State Agency, but thought NHA-A would have some say in the process.</p> <p>In an interview on 3/20/2024 at 10:11 AM, Surveyor asked NHA-A why R25's fractured ankle was not reported to the State Agency. NHA-A stated they thought the fracture was due to the original fall and NP-F was very involved in determining the cause. NHA-A stated nursing would know better than NHA-A about the circumstances of the fracture.</p> <p>In an interview on 3/20/2024 at 10:23 AM, Surveyor met with NP-F and NHA-A. Surveyor asked NP-F how it was determined what caused R25's fractured ankle. NP-F stated documentation was reviewed and R25 had not had any recent falls, had an immobilizer on the left leg, and R25 complained of left ankle pain. NP-F stated NP-F assessed R25 and ordered an x-ray at that time. Surveyor shared with NP-F and NHA-A R25 did not have any swelling to the ankle prior to 1/2/2024 and the original fall occurred two months prior to the discovery of the left ankle fracture. NP-F stated R25 had immense pain to the left knee with swelling and when that subsided, the ankle injury could have been more pronounced. NP-F stated with R25's cognition, R25 did not always remember R25 was not supposed to bear weight to the left leg. NP-F stated R25 was frail and geriatric so cannot say if the ankle fracture would have healed within the two months since the fall. Surveyor shared with NHA-A the concern R25's ankle fracture was not reported to the State Agency as an injury of unknown origin. NHA-A agreed the incident should have been reported. No further information was provided at that time.</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>20483</p> <p>Based on interview and record review the Facility did not thoroughly investigate a possible misappropriation of property for Residents receiving liquid morphine. This has the potential to affect 7 hospice residents who received liquid morphine on the 300 & 400 units in October 2023.</p> <p>Findings include:</p> <p>The Abuse, Neglect and Exploitation policy last reviewed/revised 9/22/23 documents alleged violation is a situation or occurrence that is observed or reported by staff, resident, relative, visitor or others but has not yet been investigated and, if verified, could be indication of noncompliance with the Federal requirements related to mistreatment, exploitation, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property.</p> <p>Section V. Investigation of alleged abuse, neglect and exploitation documents</p> <p>A. An immediate investigation is warranted when suspicion of abuse, neglect or exploitation or reports of abuse, neglect, or exploitation occur.</p> <p>B. Written procedures for investigation include:</p> <ol style="list-style-type: none"> 1. Identifying staff responsible for the investigation; 2. Exercising caution in handling evidence that could be used in a criminal investigation (e.g., not tampering or destroying evidence); 3. Investigating different types of alleged violations; 4. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations; 5. Focusing the investigation on determining if abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause; and; 6. Providing complete and thorough documentation of the investigation. 7. Provide resident/representative a summary of conclusion of investigation using the Investigation Resolution Form. <p>The Discrepancies, Loss and/or Diversion of Medications policy & procedure with an effective date of May 2018 under policy documents All discrepancies, suspected loss and/or diversion of medications, irrespective of drug type or class, are immediately investigated and report filed.</p> <p>Under procedures documents:</p> <p>(continued on next page)</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>A. Immediately upon the discovery or suspicion of a discrepancy, suspected loss of diversion, the Administrator, Director of Nursing (DON) and Consultant Pharmacist are notified and an investigation conducted. The Director of Nursing leads the investigation.</p> <p>1.) The information is not to be discussed with other individuals.</p> <p>2.) During the process, the Consultant Pharmacist will verify suspected loss.</p> <p>On 3/18/24 at 2:06 p.m. Surveyor asked LPN (Licensed Practical Nurse)-K if she was aware of any morphine or other narcotics missing. LPN-K informed Surveyor she heard about it but didn't know any details. LPN-K informed Surveyor because of the potential narcotics missing they changed the way they log all received narcotics. LPN-K explained when medication comes in they have to sign for the card and when the card is finished or the resident is discharged on the log two people have to sign.</p> <p>On 3/18/24 at 3:52 p.m. Surveyor asked LPN-M if she was aware of Resident's morphine being missing. LPN-M informed Surveyor she heard about it in report. Surveyor inquired when this was. LPN-M informed Surveyor about four months ago roughly but she's bad with time. LPN-M informed Surveyor they went from liquid to tablet form of morphine. Surveyor asked if LPN-M if she knew the name of the Resident who was missing their morphine. LPN-M informed Surveyor it was mostly hospice patients.</p> <p>On 3/18/24 at 2:32 p.m. during the end of the day meeting NHA (Nursing Home Administrator)-A and DON (Director of Nursing)-B, Surveyor asked DON-B if there are any concerns regarding missing narcotics. DON-B informed Surveyor they don't have any concerns regarding missing narcotics and thought the nurses were lackadaisical in counting. Surveyor asked DON-B why she thought this. DON-B informed Surveyor there were not a lot of signature on the shift to shift but things were matching up. DON-B informed Surveyor they changed their system on how they track narcotics in and out. DON-B explained it is not by Resident's name each card gets a number. DON-B informed Surveyor if a resident is discharged or the medication is used up it has to be signed by two nurses. DON-B stated we had rumors, there was agency in the building there were random rumors. Easy to divert that's why we worked on a plan. DON-B stated there was no missing narcotics.</p> <p>On 3/19/24 at 9:47 a.m. Surveyor asked LPN-N if she was aware of any Residents missing their morphine. LPN-N informed Surveyor she heard rumbling of something but doesn't know specific details. Surveyor asked LPN-N if she remembered anything. LPN-N informed Surveyor something with morphine, there was juice in the bottle instead of morphine then they switched the liquid morphine to a pill form. Surveyor asked LPN-N when this was. LPN-N replied honestly don't know, within the last year. LPN-N informed Surveyor there was a resident who's morphine was ineffective, the nurse found out it was juice not morphine and the liquid morphine was switched immediately to pill form for all residents. LPN-N was unable to provide Surveyor with the name of the Resident.</p> <p>On 3/19/24 at 2:41 p.m. Surveyor asked LPN-J if she was aware of any Resident's morphine or narcotics missing. LPN-J informed Surveyor they used to have liquid morphine. Her manager told her something was wrong with it and they started using pills. Surveyor asked who the manager is. LPN-J informed Surveyor name of LPN/UM (Licensed Practical Nurse/Unit Manager)-Q but she doesn't think she is here today.</p> <p>(continued on next page)</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>On 3/19/24 at 2:46 p.m. Surveyor asked LPN-R if she heard of Resident's morphine being missing. LPN-R replied I have. LPN-R explained there was an issue with morphine liquid and then converted everything to tablets. Surveyor asked LPN-R what the issue was. LPN-R explained there was a Resident down the 300 unit that they couldn't get their pain symptoms under control. The unit manager said enough of this, she popped off the morphine top and said it smelled like mouthwash. The Manager then got a sealed morphine out of the contingency machine on south. Surveyor asked who the Resident was on the 300 unit. LPN-R informed Surveyor she doesn't know the name as she doesn't take care of residents on 300. Surveyor asked who the manager was. LPN-R stated the first name of LPN/UM-Q. LPN-R informed Surveyor they also changed the system of how they count narcotics.</p> <p>On 3/19/24 at 4:04 p.m. Surveyor spoke with Pharmacist-S on the telephone and asked if he was able to tell Surveyor in the last six months has there been any liquid morphine removed from the contingency machine at [Name of] Facility and when the Facility switched from liquid morphine to tablets. Pharmacist-S informed Surveyor, Surveyor probably needs to speak with FM (Facility Manager)-T.</p> <p>At 4:07 p.m. Surveyor spoke with FM-T on the telephone. Surveyor asked FM-T when [Name of] Facility switched from liquid morphine to tablets and if they have any records of when liquid morphine was removed from contingency. FM-T informed Surveyor they switched to tablets in the beginning of October and had discussions of doing this with the DON. Surveyor asked FM-T if he knew why the Facility switched from liquid to tablets. FM-T informed Surveyor he would have to go back and do more research but would get back to Surveyor.</p> <p>On 3/19/24 at 5:20 p.m. FM-T left Surveyor a voice message asking Surveyor to return his call.</p> <p>On 3/19/24 at 5:49 p.m. Surveyor telephoned FM-T back and left a message requesting a return call.</p> <p>On 3/20/24 at 9:32 a.m. Surveyor telephoned FM-T and left a message requesting a return call. FM-T did not return Surveyor's call.</p> <p>On 3/20/24 at 8:21 a.m. Surveyor asked LPN-U if she knew why the Facility changed from liquid morphine to tablets. LPN-U replied I'll have to get back to you on that one. LPN-U went into an office, returned and informed Surveyor they all did an in-service and it was visually hard to read the bottles. Surveyor asked LPN-U if she was aware of a Resident's morphine not being in the bottle. LPN-U replied no and informed Surveyor she just knows there was a situation with the count doesn't know officially as it was on the other side of the building. LPN-U informed Surveyor she just knows the count was off.</p> <p>(continued on next page)</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>On 3/20/24 at 12:50 p.m. Surveyor asked DON-B why liquid morphine was switched to tablets. DON-B replied I already told you because of the counting issues and the spilling issues. Morphine comes with an eye dropper. Consistently that bottle leaks. DON-B informed Surveyor before they switched to tablets the pharmacy provided them with stoppers so the nurses were not just pulling from the bottles but they were spilling into the carts. DON-B informed Surveyor the bottles were hard to read and it's not a guessing game when it comes to narcotics for end of life. DON-B informed Surveyor the official change was 10/13/23. DON-B stated to Surveyor she knew Surveyor was going to come back to her and 10/16/23 was when they started in-servicing. DON-B showed Surveyor the new log with card number, resident name, medication name, date received, date removed, reason and signatures. Surveyor then informed DON-B what Surveyor was being told by nursing staff of a Resident's pain not being managed and the Resident was on liquid morphine. LPN/UM-Q checked the morphine and there wasn't morphine in the bottle. Surveyor was told by one nurse it was juice and by another nurse it was mouthwash. LPN/UM-Q went to contingency for a new bottle of liquid morphine and after morphine from the new bottle was given to this resident, the resident's pain was being managed. Surveyor informed DON-B Surveyor was unable to interview LPN/UM-Q as she is on vacation out of the state. DON-B informed Surveyor there was that rumor going around and heard that too but didn't witness it herself. Surveyor asked DON-B if she spoke with LPN/UM-Q when she thought there was something else other than morphine in the morphine bottle. DON-B informed Surveyor there was no way to confirm whether it was or wasn't. Surveyor asked DON-B if she did an investigation into the possible misappropriation of resident property/drug diversion. DON-B replied no I did not. Surveyor asked DON-B why she didn't do an investigation. DON-B replied I was in the process of changing the way narcotics were being handled before this happened. I was already working on it. DON-B explained she ordered a control substance log book. Surveyor informed DON-B Surveyor doesn't understand why she wouldn't have investigated this. DON-B informed Surveyor she didn't feel it was necessary at that point because she didn't think there was a diversion. DON-B stated my unit manager (LPN/UM-Q) is a little jagged from where she worked before when it was happening. I told her she was being overly paranoid. Surveyor asked DON-B if there is anything else she'd like to tell Surveyor. DON-B replied no.</p> <p>On 3/20/24 at 1:13 p.m. Surveyor asked NHA (Nursing Home Administrator)-A if she was aware of why Resident's liquid morphine being switched to pill form. NHA-A informed Surveyor they were switching due to concerns of the amounts identified. Surveyor asked NHA-A if she was informed liquid in a Resident's morphine bottle may not have been morphine. NHA-A replied no. Surveyor asked if she had been made aware of this would an investigation been initiated. NHA-A replied I would look into it. Surveyor asked NHA-A who makes the decision if there is going to be an investigation. NHA-A informed Surveyor generally it would go to [name of] DON-B and then she would bring it to her. NHA-A informed Surveyor there was a concern of liquid morphine checks on the narcotics log and they decided to get rid of the liquid morphine. Surveyor inquired if there was any investigation. NHA-A replied no.</p> <p>On 3/20/24 at 1:26 p.m. Surveyor asked DON-B if LPN/UM-Q informed her of the Resident's name who she thought liquid morphine had been removed and replaced with something else. DON-B replied no. Surveyor asked DON-B if she asked LPN/UM-Q the Resident's name. DON-B replied I don't remember to be honest. DON-B informed Surveyor she thinks it was a Resident on the 400 hall. Surveyor asked why she thought this. DON-B that's where most of the hospice residents were.</p>		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20483</p> <p>Based on observation, interview, and record review the Facility did not ensure 1 (R2) of 1 Resident's reviewed for communication received proper treatment and assistive devices to maintain hearing ability.</p> <p>R2 had an audiology consult on 2/19/24 for a lost hearing aid. Under recommendations for attending M.D. (medical doctor)/Nursing Staff documents Medical consult to obtain medical clearance for comprehensive evaluation for hearing aids. As of 3/20/24 medical clearance was not obtained and R2 does not have a right hearing aid.</p> <p>Findings include:</p> <p>The Hearing and Vision Services Policy dated 8/23 under policy documents It is the policy of this facility to ensure that all residents have access to hearing and vision services and receive adaptive equipment as indicated.</p> <p>R2's diagnosis includes dementia.</p> <p>R2's care plan documents the potential for alteration in communication r/t (related to) hearing loss care plan initiated 7/6/23 & revised 10/4/23 documents the following interventions:</p> <ul style="list-style-type: none"> * Ask yes/no questions. Initiated 7/11/23. * Be conscious of resident position when in groups, activities, dining room to promote proper communication with others. Initiated 7/11/23. * Communication: Allow adequate time to respond, Repeat as necessary, Do not rush, Request clarification from the resident to ensure understanding, Face when speaking, make eye contact, Turn off TV/radio to reduce environmental noise, Ask yes/no questions if appropriate, Use simple, brief, consistent words/cues, Use alternative communication tools as needed. Initiated 7/11/23 & revised 12/20/23. * Cueing, reorientation as needed. Initiated 7/11/23. * Gain attention before talking. Initiated 7/11/23. * Make sure hearing aid is in place in RIGHT ear. Initiated 7/6/23 & revised 12/20/23. * Offer assistance to apply hearing aids. Initiated 7/6/23. <p>The physician order with an order date of 7/6/23 documents Right hearing aide to be kept in med (medication) cart. Place in AM (morning), remove at HS (hour sleep). every day and evening shift for sensory care. per audiology keep liquids out of right hear sic (ear) unless prescribed by ENT (ears, nose, throat).</p> <p>(continued on next page)</p>		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The physician order with an order date of 11/3/23 documents ensure battery is in hearing aid when putting in hearing aid every day shift for hearing aid.</p> <p>The order administration note dated 1/5/24 at 21:38 (9:38 p.m.) Right hearing aid to be kept in med cart. Place in AM, remove at HS. every day and evening shift for Sensory care. per audiology: keep liquids out of right hear (sic) ear unless prescribed by ENT. Documents hearing aid not in room or ear. This note was documented by RN (Registered Nurse)-L.</p> <p>R2's quarterly MDS (minimum data set) with an assessment reference date of 1/11/24 has a BIMS (brief interview mental status) score of 4 which indicates severe cognitive impairment. Under the hearing section for ability to hear (with hearing aid or hearing appliance if normally used) is assessed as having minimal difficulty. Under the hearing aid section yes is checked for hearing aid or other hearing appliance used.</p> <p>The order administration note dated 1/17/24 at 19:50 (7:50 p.m.) Right hearing aid to be kept in med cart. Place in AM, remove at HS. every day and evening shift for Sensory care. per audiology: keep liquids out of right hear (sic) ear unless prescribed by ENT. Documents missing. This note was written by LPN-M.</p> <p>The order administration note dated 1/21/24 at 19:51 (7:51 p.m.) Right hearing aid to be kept in med cart. Place in AM, remove at HS. every day and evening shift for Sensory care. per audiology: keep liquids out of right hear (sic) ear unless prescribed by ENT. Documents missing. This note was written by LPN-M.</p> <p>The order administration note dated 2/7/24 at 17:48 (5:48 p.m.) Right hearing aid to be kept in med cart. Place in AM, remove at HS. every day and evening shift for Sensory care. per audiology: keep liquids out of right hear (sic) ear unless prescribed by ENT. Documents missing. This note was written by LPN-M.</p> <p>The order administration note dated 2/9/24 at 15:50 (3:50 p.m.) Right hearing aid to be kept in med cart. Place in AM, remove at HS. every day and evening shift for Sensory care. per audiology: keep liquids out of right hear (sic) ear unless prescribed by ENT. Documents missing. This note was written by LPN-M.</p> <p>The order administration note dated 2/11/24 at 18:37 (6:37 p.m.) Right hearing aid to be kept in med cart. Place in AM, remove at HS. every day and evening shift for Sensory care. per audiology: keep liquids out of right hear (sic) ear unless prescribed by ENT. Documents Hearing aids were not in resident's ears.</p> <p>The order administration note dated 2/23/24 at 15:23 (3:23 p.m.) Right hearing aid to be kept in med cart. Place in AM, remove at HS. every day and evening shift for Sensory care. per audiology: keep liquids out of right hear (sic) ear unless prescribed by ENT. Documents Not returned yet. This note was written by LPN-M.</p> <p>The order administration note dated 3/13/24 at 09:44 (9:44 a.m.) Right hearing aid to be kept in med cart. Place in AM, remove at HS. every day and evening shift for Sensory care. per audiology: keep liquids out of right hear (sic) ear unless prescribed by ENT. Documents getting new hearing aids. This note was written by LPN-K.</p> <p>(continued on next page)</p>		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The CNA (Certified Nursing Assistant) Kardex as of 3/19/24 under the section Vision/Hearing/Speech documents * Ensure that eye glasses are in place and being worn by resident.</p> <p>Surveyor noted this Kardex does not include R2 should be wearing a right hearing aid.</p> <p>On 3/18/24 at 10:14 a.m. Surveyor observed R2 sitting in a wheelchair in her room. Surveyor observed R2 is not wearing a hearing aid in her right ear. Surveyor observed a sign on the wall in R2's room which states Please give me my hearing aids so I can hear you!!</p> <p>On 3/18/24 at 11:55 a.m. Surveyor observed R2 sitting in a wheelchair. Surveyor observed R2 is not wearing her right hearing aid.</p> <p>On 3/18/24 at 12:40 p.m. Surveyor observed R2 sitting in a wheelchair at a table in the dining room. Surveyor observed R2 is not wearing her right hearing aid.</p> <p>On 3/18/24 at 1:43 p.m. Surveyor observed staff wheeling R2 down the hallway. Surveyor observed R2 is not wearing her right hearing aid.</p> <p>On 3/18/24 at 4:04 p.m. Surveyor observed R2 in the life enrichment center participating in an activity of decorating foam Easter eggs. Surveyor observed R2 is not wearing her right hearing aid.</p> <p>On 3/19/24 at 9:17 a.m. Surveyor observed R2 eating breakfast. Surveyor observed R2 is not wearing her right hearing aid.</p> <p>On 3/19/24 at 11:41 a.m. Surveyor observed R2 sitting in a wheelchair. Surveyor observed R2 is not wearing her right hearing aid. Surveyor asked R2 if she wears hearing aids. R2 informed Surveyor she used to but the hearing aid got lost. R2 stated they were suppose to order them but this never happened.</p> <p>On 3/19/24 at 11:45 a.m. Surveyor asked CNA (Certified Nursing Assistant)-O if R2 wears a hearing aid. CNA-O informed Surveyor today is the first day she has R2 as they gave her the split assignment. CNA-O stated as far as I know no, she doesn't have any in her ears.</p> <p>On 3/19/24 at 2:21 p.m. Surveyor asked LPN-K if R2 wears a hearing aid. LPN-K replied usually does. LPN-K explained R2 was recently seen by the audiologist and R2 is getting custom hearing aids that goes in her ears as the other ones were over the counter. LPN-K informed Surveyor R2 is waiting for her new ones.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Care Age of Brookfield		STREET ADDRESS, CITY, STATE, ZIP CODE 1755 N Barker Rd Brookfield, WI 53045	
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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/19/24 at 2:23 p.m. Surveyor asked SW (Social Worker)-G if she is involved with Resident's hearing aids. SW-G explained to Surveyor she sets up the appointment for the audiologist to come to the Facility. Surveyor asked SW-G when the last time the audiologist saw R2. SW-G informed Surveyor the last time R2 saw the audiologist was 2/20 (February 20th). Surveyor inquired if there were any recommendations. SW-G replied comprehensive hearing. Surveyor asked SW-G if hearing aids were ordered for R2. SW-G informed Surveyor they did impressions and believe they are waiting on authorization and ear molds need to be taken. SW-G reviewed the audiology report and informed Surveyor the 2/19 note states need to obtain medical clearance for comprehensive evaluation for hearing aids. Surveyor asked if the medical clearance was completed. SW-G informed Surveyor she thinks that is what they are waiting for now. Surveyor asked why nothing was done so that R2 could receive a new hearing aid. SW-G informed Surveyor she emailed on March 1st & March 14th but didn't hear anything back. Surveyor asked & received copies of R2's audiology consult. Surveyor asked SW-G why she made an audiology appointment for R2 in February. SW-G informed Surveyor R2 lost her right hearing aid. Surveyor asked SW-G if she knew when R2's right hearing aid was lost. SW-G replied no.</p> <p>On 3/19/24 at 2:43 p.m. Surveyor asked LPN-J if R2 wears a hearing aid. LPN-J informed Surveyor R2 only as a right hearing aide that went missing. LPN-J informed Surveyor they couldn't find the hearing aid and even went through the laundry bags. Surveyor asked LPN-J when she couldn't find R2's hearing aid what did she do. LPN-J informed Surveyor she didn't do anything explaining the daughter was going to come back the next day and if she couldn't find it she was going to speak with SW-G. Surveyor asked LPN-J when R2's hearing aid went missing. LPN-J informed Surveyor its been a good month, probably the end of January beginning of February.</p> <p>On 3/19/24 at 3:24 p.m. Surveyor reviewed R2's [Name of] audiology consult for date of exam 2/19/24. Under clinical findings/progress note documents Staff (SW-G's first name) informed me that the patient lost their right hearing aid. Initiated the paperwork to see patient for comprehensive evaluation for hearing aid. The audiogram, from October, 2023 will be valid until April, 2024. However, ear mold impressions need to be taken. Under recommendations for attending M.D. (medical doctor)/Nursing Staff documents Medical consult to obtain medical clearance for comprehensive evaluation for hearing aids. This consult was electrically signed by the audiologist on 2/19/24. There is a handwritten notation of noted 2-20-24. There is not a name of which staff noted this consult on 2/20/24.</p> <p>On 3/19/24 at 3:41 p.m. Surveyor called [Name of Audiology company] and spoke with [Name]. Surveyor informed the representative Surveyor was trying to determine the status of name of R2's hearing aid. Surveyor was informed R2 was last seen on 2/19 and there is a recommendation for the attending doctor for a medical consult to obtain medical clearance for a comprehensive evaluation. Surveyor was informed this medical clearance is required in order to do an ear mold for the hearing aid, they sent the form, and are waiting for this clearance. Surveyor inquired if the form for medical clearance would of been sent to name of SW-G. The representative replied yes because she is our contact.</p> <p>On 3/20/24 at 9:20 a.m. Surveyor asked LPN-K who reviews [Name of] consults when they come back. LPN-K replied either the nurse or manager. LPN-K informed Surveyor the consults are sent to the social worker and then she would give it to the nurse or manager depending on who is here.</p> <p>(continued on next page)</p>		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/20/24 at 9:26 a.m. Surveyor asked SW-G when she receives an audiology consult from [Name] what does she do with the consult. SW-G informed Surveyor she gives it to the nurse. Surveyor inquired who would follow up on the recommendations. SW-G informed Surveyor if they need something from the doctor the nurse would do this. SW-G explained when this is done she will reach out to [Name of] audiology. Surveyor asked SW-G how she receives the medical consult clearance form. SW-G informed Surveyor they will send the form to her or sometimes the faxes go out by nursing. Surveyor informed SW-G Surveyor had spoken to [Name of] audiology company and was informed they sent the medical consult form. SW-G informed Surveyor they may have faxed it and she can look back to see if she received it.</p> <p>On 3/20/24 at 10:50 a.m. SW-G informed Surveyor she went through her emails and didn't see anything for R2. Surveyor asked SW-G if anyone from nursing told her a medical clearance is required for R2. SW-G replied no.</p> <p>On 3/20/24 at 11:01 a.m. Surveyor asked LPN-N who would review Resident's audiology consults. LPN-N informed Surveyor the nurse and manager. Surveyor asked LPN-N if she would review the recommendations to ensure they are completed. LPN-N replied that would be honestly above my pay grade.</p> <p>On 3/20/24 at 11:05 a.m. Surveyor asked DON (Director of Nursing)-B what is the process for audiology consults. DON-B informed Surveyor the report goes out to the nurses station for them to get any new orders. Surveyor inquired if the nurses would review what the recommendations are. DON-B replied yes. Surveyor informed DON-B R2 had an audiology consult on 2/19/24. Surveyor informed DON-B the consult recommended a medical consult to obtain medical clearance for comprehensive evaluation for hearing aids which Surveyor was informed wasn't completed. DON-B looked at her phone stating nothing in hucu. Surveyor inquired what hucu was. DON-B informed Surveyor it's how they communicate with [Name of] medical group. DON-B informed Surveyor she will ask [Name of] NP (Nurse Practitioner)-F if she was notified. DON-B informed Surveyor there is no order, doesn't know who noted the audiology consult and will follow up. No further information was provided.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20483</p> <p>Based on observation, interview and record review, the Facility did not ensure Residents with a pressure injury received necessary treatment and services, consistent with professional standards of practice, to prevent the development of pressure injuries and to promote healing for 1 (R2) of 5 Residents reviewed for pressure injuries.</p> <p>R2 has a stage 2 right buttock pressure injury with an intervention for an air cushion on R2's wheelchair. Observations were made on 3/18/24 & 3/19/24 of the air cushion not on. Facility staff were not aware the air cushion was off until brought to their attention by the Surveyor.</p> <p>Findings include:</p> <p>The Pressure Injury Prevention and Management policy implemented 12/1/23 under policy explanation and compliance guidelines includes documentation of:</p> <p>4. Interventions for Prevention and Promote Healing.</p> <p>a. After completing a thorough assessment/evaluation, the interdisciplinary team shall develop a relevant care plan that includes measurable goals for prevention and management of pressure injuries with appropriate interventions.</p> <p>b. Interventions will be based on specific factors identified in the risk assessment, skin assessment, and any pressure injury assessment (e.g., moisture management, impaired mobility, nutritional deficit, staging, wound characteristics),</p> <p>c. Evidence-based interventions for preventions will be implemented for all residents who are assessed at risk or who have a pressure injury present. Basic or routine care interventions could include, but are not limited to:</p> <p>i. Redistribute pressure (such as repositioning, protecting and/or offloading heels, etc.);</p> <p>ii. Minimize exposure to moisture and keep skin clean, especially of fecal contamination;</p> <p>iii. Provide appropriate, pressure-redistributing, support surfaces;</p> <p>iv. Provide non-irritating surfaces; and</p> <p>v. Maintain or improve nutrition and hydration status, where feasible.</p> <p>R2's diagnoses includes dementia, congestive heart failure, hypertension, and diabetes mellitus.</p> <p>The pressure ulcer care plan initiated 7/12/23 & revised 1/8/24 includes an intervention of Air chair cushion when up should be on charger all night in room; turn on once up in wheelchair. Initiated 7/12/23.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The physician order with an order date of 7/12/23 documents Check that wheelchair cushion is functioning and charged if needed every shift for wound care.</p> <p>The physician order with an order date of 8/28/23 documents APP chair cushion; check if plugged in and functioning. Ensure green light is on when resident up in chair every shift for wound care.</p> <p>The Braden assessment dated [DATE] has a score of 17 which indicates at risk for pressure injury development.</p> <p>The quarterly MDS (minimum data set) with an assessment reference date of 1/11/24 has a BIMS (brief interview mental status) score of 4 which indicates severe cognitive impairment. R2 is assessed as requiring substantial/maximal assistance for toileting hygiene & toilet transfer, partial/moderate assistance for chair/bed to chair transfer & roll left and right. R2 is occasionally incontinent of urine and frequently incontinent of bowel. R2 is assessed as being at risk for pressure injury development and has no pressure injuries.</p> <p>R2's wound assessment dated [DATE] by Wound APNP (Advanced Practice Nurse Prescriber)-P documents for interventions in place Pressure relief measures - air mattress to bed and cushion for chair, Protein supplement, PT/OT (physical therapy/occupational therapy). Under physical examination documents Right buttock (Stage 2 pressure ulcer) Partial thickness wound to the right buttock with 100% pink tissue. The ounce sic (wound) measuring 0.3 x 0.2 x 0.1 cm (centimeters). No drainage noted. Peri wound with blanchable redness noted and nearly resolved callous. Decrease in tenderness with exam. No warmth to indicate infection.</p> <p>R2's wound assessment dated [DATE] by Wound APNP-P documents for interventions in place Pressure relief measures - air mattress to bed and cushion for chair, Protein supplement, PT/OT. Under physical examination documents Right buttock (Stage 2 pressure ulcer) Partial thickness wound to the right buttock with 100% pink tissue. Wound measuring 0.2 x 0.2 x 0.1 cm. No drainage noted. Peri wound with blanchable redness noted and nearly resolved callous. Decrease in tenderness with exam. No warmth to indicate infection.</p> <p>The CNA (Certified Nursing Assistant) Kardex as of 3/19/24 under the section Maintain skin integrity documents * Air chair cushion when up should be on charger all night in room, turn on once up in wheelchair.</p> <p>On 3/18/24 at 10:14 a.m. Surveyor observed R2 sitting in a wheelchair in her room. Surveyor observed there is a chair air box on the back of R2's chair with bright green lights on indicating the air cushion is on.</p> <p>On 3/18/24 at 11:55 a.m. Surveyor observed R2 sitting in a wheelchair. Surveyor observed the bright green lights are not on the chair air box located on the back of R2's wheelchair which indicates the air cushion is not on.</p> <p>On 3/18/24 at 12:10 p.m. Surveyor observed R2 being wheeled into the dining room. Surveyor observed the bright green lights are still not on the chair air box located on the back of R2's wheelchair which indicates the air cushion is not on.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/18/24 at 12:40 p.m. Surveyor observed R2 sitting in a wheelchair at a table in the dining room. Surveyor observed the bright green lights are still not on the chair air box located on the back of R2's wheelchair which indicates the air cushion is not on.</p> <p>On 3/18/24 at 1:44 p.m. Surveyor observed staff wheeling R2 down the hallway. Surveyor observed the bright green lights are still not on the chair air box located on the back of R2's wheelchair which indicates the air cushion is not on.</p> <p>On 3/18/24 at 4:04 p.m. Surveyor observed R2 in the life enrichment center participating in an activity of decorating foam Easter eggs. Surveyor observed the bright green lights are not on the chair air box located on the back of R2's wheelchair which indicates the air cushion is not on.</p> <p>On 3/19/24 at 7:23 a.m. Surveyor observed R2 in bed awake on her back with the head of the bed elevated.</p> <p>On 3/19/24 at 9:16 a.m. Surveyor observed R2 sitting in a wheelchair at a dining table eating breakfast. Surveyor observed the bright green lights are not on the chair air box located on the back of R2's wheelchair which indicates the air cushion is not on.</p> <p>On 3/19/24 at 9:38 a.m. Surveyor observed R2 sitting on the toilet in the bathroom in R2's room. At 9:40 a.m. LPN (Licensed Practical Nurse)-N assisted R2 with standing up from the toilet, pulled up R2's incontinence product & pants and assist R2 with sitting in the wheelchair. After R2 washed her hands, LPN-N wheeled R2 out of the bathroom. Surveyor observed the bright green lights are still not on the chair air box located on the back of R2's wheelchair which indicates the air cushion is not on.</p> <p>On 3/19/24 at 10:29 a.m. Surveyor observed R2 sitting in a wheelchair in the small dining room adjacent to the nurses station. Surveyor observed the bright green lights are still not on the chair air box located on the back of R2's wheelchair which indicates the air cushion is not on.</p> <p>On 3/19/24 at 11:43 p.m. Surveyor observed R2 sitting in a wheelchair in R2's room. Surveyor observed the bright green lights are still not on the chair air box located on the back of R2's wheelchair which indicates the air cushion is not on.</p> <p>On 3/19/24 at 11:46 p.m. Surveyor asked CNA (Certified Nursing Assistant)-O about R2's air cushion in the wheelchair. CNA-O informed Surveyor she doesn't know anything about it. CNA-O indicated it's plugged in at night and she unplugs is, that's all she knows.</p> <p>On 3/19/24 at 11:52 a.m. Surveyor accompanied CNA-O to the dining room with R2. Surveyor asked CNA-O if the air cushion was on. CNA-O stated it's not on so I don't know.</p> <p>On 3/19/24 at 11:55 a.m. Surveyor asked CNA-O if she could bring R2 over to LPN (Licensed Practical Nurse)-K. Surveyor asked LPN-K when R2 is in the wheelchair should the air cushion be on. LPN-K replied yes. Surveyor showed LPN-K there are no bright green lights on the chair air box. LPN-K then turned the air cushion on. LPN-K informed CNA-O the cushion does not go on automatically and that it needs to be turned on. Surveyor informed LPN-K R2's air cushion was not on yesterday afternoon and also today. LPN-K replied that's good to know.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/19/24 at 2:05 p.m. Surveyor during the end of the day meeting. Surveyor informed NHA (Nursing Home Administrator)-A and DON (Director of Nursing)-B of the observations of R2's air cushion not being on yesterday afternoon and today until Surveyor informed staff.</p> <p>On 3/20/24 at 7:16 a.m. LPN-K informed Surveyor R2's cushion stopped working and they are going to notify the rental company.</p> <p>On 3/21/24 at 3:45 p.m. Surveyor received additional information from the Facility which consisted of a statement from the [cushion company] representative. This additional information did not change the deficient practice.</p> <p>On 3/22/24 Surveyor requested and received the manufacturers information for the chair air cushion. Surveyor noted under general information documents The device is a high quality and affordable pressure relief set cushion system for wheelchair users. It helps to decrease the concentrated pressure, distribute the pressure over the entire contact interface and stimulate capillary blood flow for pressure ulcer prevention.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20483</p> <p>Based on interview and record review the Facility did not ensure 1 (R30) of 4 Residents reviewed for falls received the supervision and assistance to prevent accidents.</p> <p>On 11/16/23 R30 fell out of bed during incontinence cares as CNA-I rolled R30 away from her and not towards her.</p> <p>Findings include:</p> <p>R30's diagnoses includes hypertension, spinal stenosis cervical region, and anxiety disorder.</p> <p>The Morse fall scale dated 11/6/23 has a score of 55 which indicates R30 is at high risk for falling.</p> <p>The quarterly MDS (minimum data set) with an assessment reference date of 11/11/23 has a BIMS (brief interview mental status) score of 15 which indicates cognitively intact. R30 is assessed as having upper extremity impairment on both sides for functional limitation in range of motion. R30 is assessed as being dependent for toileting hygiene, upper & lower body dressing, rolling left to right, and chair/bed to chair transfer. R30 is always incontinent of urine & bowel. R30 has fallen since prior assessment with one fall with an injury not major.</p> <p>The nurses note dated 11/16/23 at 13:50 (1:50 p.m.) documents Writer called to resident's room to evaluate after fall out of bed during incontinence cares. Resident was rolled onto her right side, toward window, and rolled off of bed and landed on her right side, still facing window. Resident had no changes to ROM (range of motion) of legs or arms. Resident with limited ROM of all extremities at baseline. Denied pain with movement of arms and legs. Did report pain when lifting both legs to get hoyer sling under her. Upon palpation of spine, resident noted pain in lumbosacral area. No bruising noted at times of assessment. No crepitus to palpation of area. Resident assisted off floor with 4 staff and hoyer lift. Resident did not report pain during transfer into bed. Order obtained for sacral x-ray to rule out fracture. Of note, resident is not always able to understand others and had some difficulty rating pain, first stating 8/10 and then rating mild. No nonverbal pain indicators during transfer or log rolling of resident. Resident did also complain of pain to the left side of her head, although she fell on to her right side. No palpable abnormality noted. No bruising noted. This nurses note was written by RN (Registered Nurse)-D.</p> <p>The nurses note dated 11/16/23 at 14:48 (2:48 p.m.) documents CNA (Certified Nursing Assistant) was providing cares for resident and res (Resident) rolled off the right side of the bed on to the floor. CNA alerted nurse. RN notified and assessed resident. No injury noted to res head. RN gave permission to hoyer resident up off the floor to the bed. Res was able to lift her legs up off the floor to place hoyer. Res did report pain at a 10/10 to her sacral area while laying on the floor. Once resident was back in her bed her pain went to 0/10. [Name] PA (Physician Assistant) notified of fall and sacral pain. NOR (new order received) for lumbar x ray to eval (evaluate) for fracture. Emergency contact [Name] notified. This nurses note was written by LPN (Licensed Practical Nurse)-C.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The nurses note dated 11/17/23 at 05:13 (5:13 a.m.) documents F/U (follow up) fall, no visible injury noted, X-ray ordered lower back (tail bone area) d/t (due to) disc. (discomfort) Neuro checks neg. (negative) sleeping well at this time. This nurses note was written by LPN-H.</p> <p>The lumbar spine x-ray for date of service 11/16/23 & report date 11/17/23 includes documentation of No obvious or acutely displaced fracture.</p> <p>The incident report dated 11/16/23 under incident description for nursing description documents CNA was providing cares for resident because resident was incontinent. As CNA was rolling resident, she rolled off the bed on the right side onto the floor as CNA was providing cares. For Resident description documents Res (resident) stated she rolled onto the floor as CNA was providing cares.</p> <p>The Event Note Fall Incident Initial Note dated 11/16/23 under the section background (ie possible and/or actual contributing factors) documents Air mattress. CNA rolled resident away from her.</p> <p>CNA-I's verbal education worksheet dated 11/16/23 under the section employee is expected to do the following documents When assisting a resident with rolling, roll the resident toward you. If you need to roll the resident away from you, there must be another staff assisting so that the resident is rolled towards them, preventing the resident from rolling out of bed.</p> <p>On 3/20/24 at 10:21 a.m. Surveyor informed DON (Director of Nursing)-B Surveyor noted CNA-I was educated following R30's fall on 11/16/23 and inquired if all CNA's were educated about rolling Residents towards them. DON-B replied no it was just her. [Name of] RN-D educated her right then.</p> <p>On 3/20/24 at 12:46 p.m. Surveyor asked DON-B if the expectation for CNA's when providing cares for a resident in bed should the Resident be rolled towards them. DON-B informed Surveyor R30's legs and arms are flaccid and should always be rolled towards staff. Surveyor informed DON-B of the concern of R30 being rolled away from the CNA during cares in bed and falling on the floor.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38253</p> <p>Based on record review and interview, the facility did not ensure potential side effects of psychotropic medications were monitored and consents were provided for 1 (R25) of 5 residents reviewed for unnecessary medications.</p> <p>*R25 received an order for Seroquel 25 mg (milligrams) on 12/18/2023. R25's activated Power of Attorney (POA) did not sign the medication consent for use of the Seroquel until 3/19/2024 after Surveyor inquired about the consent and no monitoring was documented for potential adverse side effects of the Seroquel until 3/19/2024.</p> <p>Findings include:</p> <p>R25 was admitted to the facility on [DATE] with diagnoses of a fractured patella, coronary artery disease, muscular dystrophy, anxiety, depression, and dementia.</p> <p>R25's admission Minimum Data Set (MDS) assessment dated [DATE] indicated R25 had moderate cognitive impairment with a Brief Interview for Mental Status (BIMS) score of 11 and was assessed as being dependent on staff for toileting with moderate to substantial assist with other activities of daily living. R25 had a knee immobilizer to the left leg due to the left patella fracture and had a transfer status of Hoyer lift. R25 had an activated Power of Attorney (POA).</p> <p>On 11/17/2023, R25 had an initial psychological visit for psychotropic medication management. R25 was seen weekly and then monthly with changes made to medications as appropriate for behaviors.</p> <p>On 12/18/2023 at 10:52 AM, in the progress notes, nursing charted a new order was obtained from Psychiatric services to start Seroquel 25 mg twice daily for behaviors. R25's POA was called and a message was left to return the call for a change in treatment.</p> <p>Surveyor reviewed R25's medical record. No consent for the use of Seroquel was found and no monitoring for adverse side effects of psychotropic medications was found.</p> <p>On 3/19/2024 at 2:02 PM, Surveyor requested from Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B a consent for R25's use of Seroquel because Surveyor was unable to find a consent in R25's record. DON-B stated they would provide a copy the following day.</p> <p>On 3/20/2024 at 8:29 AM, NHA-A provided Surveyor with a copy of R25's consent for Seroquel. The form had been completed by Registered Nurse (RN)-D on 3/19/2024 after Surveyor had brought the concern to the facility's attention. Surveyor reviewed R25's record and found monitoring for psychotropic medication side effects that had been entered into R25's record on 3/19/2024.</p> <p>(continued on next page)</p>		

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 03/20/2024
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/19/2024 at 5:10 PM in the progress notes, RN-D charted R25's POA was notified that a written consent was needed for Seroquel. Verbal consent was obtained via phone today, 3/19/2024. An email consent was sent to the POA as well and the POA stated the consent would be signed and sent back as soon as possible.</p> <p>In an interview on 3/20/2024 at 9:38 AM, RN-D stated RN-D called R25's POA and got verbal consent for Seroquel yesterday. Surveyor asked RN-D how RN-D was aware R25 did not have a consent. RN-D could not remember how RN-D knew this needed to be done. RN-D stated the Unit Manager on R25's unit was unavailable this week so did not know any specifics about R25.</p> <p>In an interview on 3/20/2024 at 9:47 AM, Social Worker (SW)-G stated behavior meetings are every month or every other month with the interdisciplinary team consisting of psych services, pharmacy, social services, and nursing where all residents are reviewed that are on antipsychotic, antidepressant, and anti-anxiety medications. SW-G stated they also have weekly meetings for residents that are on antipsychotic medications with nursing and social services. Surveyor asked SW-G who is responsible for obtaining consents for the use of psychotropic medications. SW-G stated either the nurse or the nurse manager would get the consent. Nursing also puts in any monitoring orders.</p> <p>On 3/20/2024 at 10:29 AM, Surveyor shared with NHA-A the concern R25's consent for the use of Seroquel and monitoring for medication side effects was not completed until 3/19/2024 after Surveyor brought the concerns to their attention. NHA-A stated yes, when Surveyors asked for the consents on 3/19/2024 they realized they had not been done and they did a facility-wide sweep to make sure all consents were obtained for psychotropic medications. No further information was provided at that time.</p>		