STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greendale Park Nursing and Rehab	5404 W Loomis Rd Greendale, WI 53129

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. (continued on next page)

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greendale Park Nursing and Rehab	5404 W Loomis Rd Greendale, WI 53129

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on facility policy review, record review, facility document review, and interview, the facility failed to report an incident of resident-to-resident abuse to the state survey agency within the required timeframe for 1 of 3 allegations of abuse reviewed. Specifically, the facility failed to report an incident of physical abuse between R1 and R2 within two hours of the witnessed incident.Findings included:A facility policy titled, Abuse, Neglect, and Exploitation, dated 10/01/2022, indicated, 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. The policy revealed, VII. Reporting/Response included, A. The facility will have written procedures that include, which included, 1. Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g.[exempli gratia; for example], law enforcement when applicable) within specified time frames, including, 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.An admission Record revealed the facility admitted R1 on 08/19/2025. According to the admission Record, R1 had a medical history that included a diagnosis of muscle wasting.An admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/22/2025, revealed R1 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition. The MDS indicated that R1 did not exhibit behavioral symptoms during the assessment timeframe.An admission Record revealed the facility admitted R2 on 03/11/2024. According to the admission Record, R2 had a medical history that included a diagnosis of spastic hemiplegia affecting the right dominant side.A quarterly MDS, with an ARD of 08/29/2025, revealed R2 had a BIMS score of 14, which indicated the resident had intact cognition. The MDS indicated that R1 did not exhibit any behavioral symptoms during the assessment timeframe.An Alleged Nursing Home Resident Mistreatment, Neglect, and Abuse Report indicated that the facility reported an incident of abuse that occurred on 09/14/2025 at 3:00 PM. The report indicated that R2 hit R1 on their shoulder, and staff separated the residents. The report was completed by the Administrator (ADM) and was submitted to the state survey agency on 09/15/2025 at 11:22 AM.An undated facility document titled, Timeline 9/14/25 Incident ([R1's initials], [R2's initials]), signed by the Director of Nursing (DON), indicated that Licensed Practical Nurse (LPN) B called the DON on 09/14/2025 at 3:30 PM to notify the DON of the altercation between R1 and R2.On 10/15/2025 at 4:12 PM, LPN B stated she witnessed an altercation in the courtyard between R1 and R2. LPN B stated she witnessed R2 run their power wheelchair into R1, then R1 turned around and hit R2 in the face. LPN B stated she and another staff member separated the residents, and she called the DON to report the incident.On 10/15/2025 at 3:53 PM, the ADM stated that he was the Abuse Coordinator. The ADM stated he was notified of the incident on the evening of 09/14/2025 but could not remember the exact time.On 10/16/2025 at 1:27 PM, the DON stated she contacted the ADM as soon as she received the call about the incident on 09/14/2025 because reporting abuse was time sensitive. The DON stated that she thought allegations of abuse needed to be reported within 24 hours.On 10/16/2025 at 1:43 PM, the ADM stated he was responsible for reporting abuse allegations to the state survey agency. The ADM stated that he thought the timeframe for the initial report was within two hours if there was severe bodily injury or within 24 hours if there was no severe bodily injury. The ADM stated he was not aware that any allegation of abuse was to be reported within two hours.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greendale Park Nursing and Rehab	5404 W Loomis Rd Greendale, WI 53129

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greendale Park Nursing and Rehab	5404 W Loomis Rd Greendale, WI 53129

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on facility policy review, record review, facility document review, and interview, the facility failed to complete a thorough investigation for 1 of 3 allegations of abuse reviewed. Specifically, the facility failed to obtain interviews or retain documentation of interviews from witnesses to an incident of resident-to-resident abuse involving R1 and R2.Findings included:A facility policy titled, Abuse, Neglect, and Exploitation, dated 10/01/2022, indicated, 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. The policy revealed, V. Investigation of Alleged Abuse, Neglect and Exploitation included A. An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur. The policy continued, B. Written procedures for investigations include, which included, 4. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations, and 6. Providing complete and thorough documentation of the investigation.An admission Record revealed the facility admitted R1 on 08/19/2025. According to the admission Record, R1 had a medical history that included a diagnosis of muscle wasting.An admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/22/2025, revealed R1 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition. The MDS indicated that R1 did not exhibit behavioral symptoms during the assessment timeframe.An admission Record revealed the facility admitted R2 on 03/11/2024. According to the admission Record, R2 had a medical history that included a diagnosis of spastic hemiplegia affecting the right dominant side.A quarterly MDS, with an ARD of 08/29/2025, revealed R2 had a BIMS score of 14, which indicated the resident had intact cognition. The MDS indicated that R1 did not exhibit any behavioral symptoms during the assessment timeframe.An Alleged Nursing Home Resident Mistreatment, Neglect, and Abuse Report indicated that the facility reported an incident of abuse that occurred on 09/14/2025 at 3:00 PM. The report indicated that R2 hit R1 on their shoulder, and staff separated the residents. The report was completed by the Administrator (ADM) and was submitted to the state survey agency on 09/15/2025 at 11:22 AM.A facility document titled, Misconduct Incident Report, dated 09/19/2025 at 4:55 PM, revealed an incident of resident-to-resident abuse occurred on 09/14/2025 at 3:00 PM between R1 and R2. The report indicated that R2 hit R1, then R1 hit R2.An undated facility document titled, Timeline 9/14/25 Incident ([R1's initials], [R2's initials]), signed by the Director of Nursing (DON), indicated that Licensed Practical Nurse (LPN) B called the DON on 09/14/2025 at 3:30 PM to notify the DON of the altercation between R1 and R2. The document indicated that at approximately 3:45 PM, Registered Nurse (RN) D called the DON to report a resident-to-resident altercation. An undated, untitled, typed facility investigative document revealed, Nine residents were interviewed to determine if they believe the atmosphere in the facility is appropriate, if they feel safe and comfortable, and if they know how to report abuse or any concerns, and Nine staff members were interviewed to determine if they feel the residents are safe and that they know how to report concerns or abuse.On 10/15/2025 at 4:12 PM, LPN B stated she witnessed an altercation in the courtyard between R1 and R2. LPN B stated she witnessed R2 run their power wheelchair into R1, then R1 turned around and hit R2 in the face. LPN B stated that she and RN D separated the residents, and she called the DON to report the incident.During a telephone interview on 10/16/2025 at 9:56 AM, R1 stated that two other residents, R4 and R5, were present in the courtyard and witnessed the altercation between them (R1) and R2.A quarterly MDS, with an ARD of 08/15/2025, indicated that the facility admitted R4 on 02/20/2024. Per the MDS, R4 had a BIMS score of 15, which indicated the resident had intact cognition.During an interview on 10/16/2025 at 10:10 AM, R4 stated that they were present in the courtyard and witnessed the incident between R2 and R1. R4 stated that R2 pushed into R1 and pulled R1's hair. R4 stated that R1 then hit R2 in the face.A quarterly MDS, with an ARD of 07/18/2025, indicated that the facility admitted R5 on 04/14/2025. Per the MDS, R5 had a BIMS score of 13, which indicated the resident had intact cognition.During an interview on 10/16/2025 at 10:18 AM, R5 stated that they could not recall any altercation in the courtyard.During an interview on 10/16/2025 at 10:27 AM, LPN B stated that R4 and R5 were present during the incident. LPN B stated that she and RN D interviewed the residents involved in the incident, but she did not document the interviews in writing.The facility's investigative documents revealed that they did not include statements or interviews from witnesses R4, R5, LPN B, or RN D.During an interview on 10/16/2025 at 12:23 PM, the Social Services Director (SSD)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greendale Park Nursing and Rehab	5404 W Loomis Rd Greendale, WI 53129

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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility did not complete and transmit a discharge assessment as required for 1 (R1) of 2 residents reviewed for Minimum Data Set (MDS) assessments and transmission.R1 did not have a discharge assessment completed or transmitted after discharging from the facility on 9/1/2025. Findings include:The Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, Version 1.19.1 dated October 2024 (the RAI Manual) documents all Medicare and/or Medicaid-certified nursing homes must transmit required MDS data records to the Centers for Medicare and Medicaid Services' (CMS') Internet Quality Improvement Evaluation System (iQIES). Required MDS records include admission, quarterly, annual, and discharge assessments and entry tracking records. A discharge assessment refers to an assessment required on resident discharge from the facility. The RAI documents the discharge assessment is to be completed no later than the discharge date plus 14 calendar days. R1 was admitted to the facility on [DATE].On 10/6/25, Surveyor reviewed R1's electronic health record and noted that R1 was transferred to the hospital on 9/1/2025 and did not return to the facility. A discharge assessment was not completed by facility staff or transmitted to CMS' iQIES system.On 10/6/25, at 2:00 PM, Surveyor interviewed MDS coordinator-E, who stated a discharge MDS assessment is typically completed by one of the three facility MDS coordinators within seven days of a resident discharge to the hospital or to home. MDS coordinator-E reviewed R1's EHR with Surveyor and confirmed no discharge MDS assessment was completed for R1 after R1 admitted to the hospital on [DATE]. MDS coordinator-E was not sure why there was no discharge MDS assessment completed and stated it must have gotten overlooked. MDS coordinator-E stated MDS coordinator-E would make sure a discharge MDS assessment gets completed for R1 dated 9/1/25.On 10/6/25, at 2:50 PM, Surveyor shared concerns with Director or Nursing (DON)-B that R1 did not have a discharge MDS completed after R1 discharged from the facility on 9/1/25.On 10/6/25, at 3:00 PM, Surveyor shared concerns with Nursing Home Administrator (NHA)-A that R1 did not have a discharge MDS completed after R1 discharged from the facility on 9/1/25. No additional information was provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greendale Park Nursing and Rehab	5404 W Loomis Rd Greendale, WI 53129

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525549	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greendale Park Nursing and Rehab	5404 W Loomis Rd Greendale, WI 53129

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the Facility did not ensure a resident with a gastrostomy tube received the appropriate care and services for 1 (R3) of 3 residents reviewed with gastrostomy tubes. R3 had an enteral feed order for: Jevity 1.5, 65mL/hour X 20 hours. Off at 10:00AM and restart at 1400 (2:00PM). Surveyor had observations of R3's tube feed running between 10:00AM -2:00PM and was not turned off. R3 did not have monitoring, treatment, or care interventions in place for R3's G-tube site.Findings include:The facility policy titled Gastrostomy (G-tube) . Care Policy reviewed/ revised on 5/1/2025 documents: Purpose: To ensure safe, consistent, and evidenced-based care for residents with gastrostomy (G-tube) . feeding tubes, maintaining patency, preventing infection, and supporting adequate nutrition and hydration. Policy Statement: It is the policy of this facility to provide comprehensive care for residents with G-tubes . per physician orders, current standards of nursing practice, and manufacturer guidelines. All nursing staff involved in tube feeding care will receive competency validation prior to performing tasks independently. Procedure:1. Assessment: Assess tube placement, insertion site, and surrounding skin each shift. Verify correct tube type, size, and date of insertion. Monitor for signs of infection . Observe for complications . Confirm bowel sounds and tolerance before feedings. 3. Feeding Administration: . Intermittent feedings: administer prescribed amount over ordered time. 5. Tube site care: . cleanse site daily and as needed with mild soap and water, pat dry. Rotate external bumper 360 degrees gently unless contraindicated . inspect for granulation tissue, report changes to provider. Apply split gauze only if ordered or if drainage present, change daily.7. Documentation: Record- tube site assessment, type/amount of feeding, flushes, residuals (if applicable), medication administration, complications, resident tolerance, and education provided.R3 was initially admitted to the facility on [DATE] and readmitted to the facility on [DATE] and has diagnoses that include anoxic brain damage, cardiac arrest resulting in underlying cardiac condition, Chronic respiratory failure, protein-calorie malnutrition, and encephalopathy. R3 was admitted with a tracheostomy, gastrostomy, and indwelling foley catheter. R3 admission minimum data set (MDS) dated [DATE] indicated R3 has severely impaired cognition with a Brief Interview for Mental Status (BIMS) score of 99. R3 was nonverbal, and unable to track or follow commands. R3 was dependent of 1-2 staff members for all activities of daily needs (ADLs).R3's at risk for malnutrition related to malnutrition assessment score of 7, advanced age, reliance on tube feeding, anoxic brain damage, . care plan was initiated on 9/23/2025 with the following interventions:- Elevate head of bed at least 30-45 degrees during and for 30-60 minutes after feeding.- Enteral formula and feedings as ordered.- Monitor for signs and symptoms (S/SX) of intolerance to tube feed: .- Monitor lab data as available.- Monitor vital signs and breath sounds for S/SX of aspiration.- Nothing By Mouth (NPO)- Refer to registered dietician for assessment as needed.- Water flushes as ordered. - Weights per order/protocol.Surveyor noted there are no interventions for monitoring, treatments, or care to R3's G-tube tube site. R3 had the following physician order:Enteral feeding every shift: Jevity 1.5 65 mL/hr X20 hours. Off at 1000 (10:00AM), restart at 1400 (2:00PM). Flush with fluids, 130 mL every 4 hours. (start: 10/2/2025)Surveyor noted there were no physician orders for monitoring or performing treatment/cares to R3's G-tube site.On 10/6/2025, at 10:41 AM, Surveyor observed R3 sitting in a Broda chair. R3 had a visitor sitting in a chair and the visitor was talking on the phone. Surveyor noted R3's tube feeding was running.On 10/6/2025, at 11:48 AM, Surveyor observed certified nursing assistant (CNA)-F and CNA-G getting ready to put R3 into bed using a Hoyer lift. Surveyor observed CNA-F pause R3's tube feeding and completed transfer of R3 from the Broda chair into R3's bed. CNA-F and CNA-G got R3 situated in bed and CNA-F un-paused R3's tube feeding. Surveyor asked if R3's tube feeding is continuous or intermittent. CNA-F stated CNA-F thinks R3's feed runs all the time and pauses it when providing cares and makes sure R3's head is elevated.On 10/6/2025, at 1:20 PM, Surveyor observed licensed practical nurse (LPN)-I in R3's room talking with R3's visitor. R3's tube feeding was running.On 10/6/2025, at 1:29 PM, R3's visitor waved Surveyor into R3's room. R3's visitor showed Surveyor that R3 had tube feeding formula on the bed sheet. R3's tube feeding was still running.On 10/6/2025, at 1:34 PM, Surveyor informed LPN-I that R3's tube feeding was leaking. Surveyor asked what R3's tube feeding orders were. LPN-I stated R3's tube feeding is continuous and went to check R3's G-tube site. Surveyor asked what monitoring or treatment/cares are done for R3's G-tube site. LPN-I said once a day the G-tube is cleaned and dressing changed, but was not sure what shift would do that. Surveyor asked where the information is located. LPN-I stated it would be on the medication