

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525556	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Brookside Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3506 Washington Rd Kenosha, WI 53144	

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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25232</p> <p>Based on record review, and interview, the facility failed to ensure two of two sampled discharged residents (R)393 and R140) had discharge summaries completed prior to discharge to ensure continuity of care.</p> <p>Findings include:</p> <p>1. Review of R393's Progress Notes under the progress notes tab of the electronic medical record (EMR) revealed on 10/30/23 at 12:08 PM Discharge orders and med [medications]list sent to PA [Physician Assistant]. On 10/30/23 at 12:58 PM Received signed discharge order and signed paperwork from [name] PA. On 10/30/2023 at 12:59 PM a note by the Rehab Care Coordinator Discharge instructions explained to resident and POA [Power of Attorney]. All residents' meds and belongings were sent with the resident. All questions have been answered. Residents discharged via family setup.</p> <p>Review of R393's EMR under the forms and miscellaneous tabs revealed no evidence of a discharge summary that had been provided to R393 or his representative.</p> <p>2. Review of R140's Face Sheet, located under Resident tab in the EMR indicated that R140 was admitted to the facility on [DATE] with a diagnosis of fracture of second lumbar vertebra. Further review indicates that R140 was discharged on [DATE].</p> <p>Review of R140's Social Service Progress Notes, dated 08/12/24, indicated, .R140 will be discharged either 08/14/24 or 08/15/24. R140 will discharge with daughter .go back to [name of the Assisted Living Facility].</p> <p>Review of R140's Nurses Notes, dated August 2024, indicated no evidence that there was a discharge note written by nursing on the date of discharge.</p> <p>Interview on 11/13/24 at 3:45 PM, the Director of Nursing (DON) confirmed no discharge nursing note and stated that she would expect to have a discharge note written when a resident is discharged .</p> <p>Interview on 11/14/24 at 2:22 PM, Registered Nurse (RN) 2 confirmed that she did not write a discharge note for R140 on the date of discharge. RN2 indicates that the nurses are responsible for having the resident and/or resident representative (RP) sign discharge paperwork before a resident is discharged from the facility and that the nurse is responsible for writing a discharge note.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R140's facility provided Resident Discharge Instructions, dated 08/15/24, indicated no evidence of a recapitulation of R140's stay at the facility.</p> <p>During an interview on 11/14/24 at 11:20 AM, the Social Services Director (SSD) revealed a formal Discharge Summary was not completed when a resident was discharged . The instructions given to the resident and/or their representative would have only included a list of their current medications, Home Health information, and any appointments scheduled.</p> <p>Interview on 11/14/24 at 2:30 PM, the Director of Nursing (DON) stated that on the date of discharge the nurse will have the resident and/or RP (resident representative) sign the discharge instructions along with a list of medications. The DON indicated that the nurse who discharges the resident, is responsible for writing a discharge note in the medical record.</p> <p>Interview on 11/14/24 at 3:02 PM, the Rehab Care Coordinator (RCC) indicated that R140 did not have a discharge summary, which includes a recapitulation of the resident's stay and said that the facility does not complete discharge summaries.</p> <p>51678</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26446</p> <p>Based on interview, record review, and facility policy review, the facility failed to ensure ongoing communication and collaboration with the dialysis facility and failed to ensure a medication was administered on dialysis days for one of one residents (Resident (R) 5) reviewed for dialysis out of a sample of 32.</p> <p>Findings include:</p> <p>Review of R5's Face Sheet, found in the Resident Report tab of the electronic medical record (EMR), revealed she was admitted to the facility on [DATE] with diagnosis including end stage renal disease, type two diabetes mellitus, and dependence on renal dialysis.</p> <p>Review of R5's quarterly Minimum Data Set (MDS) located in the MDS tab in the EMR and with an Assessment Reference Date (ARD) of 10/21/24, revealed R5 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated no cognitive impairment. R5 was documented to receive dialysis while a resident.</p> <p>Review of R5's EMR under the Resident Orders tab under the Resident Reports revealed an order dated 08/11/21, for the resident to attend dialysis Tuesday, Thursday, and Saturday.</p> <p>Review of R5's EMR under the Resident Orders tab under the Resident Reports revealed an order, dated 02/15/24, for calcium acetate tablet 667 milligram (mg) .one capsule, oral once a day. Give 30 minutes before, up to 30 minutes after lunch .diagnosis chronic kidney disease.</p> <p>Review of R5's EMR under the Resident Orders tab under the Resident Reports revealed an order, dated 02/15/24, for calcium acetate tablet 667 mg (milligram) .one capsule, oral once a day. Give 30 minutes before, up to 30 minutes after lunch .diagnosis chronic kidney disease.</p> <p>The medication was scheduled to be administered 11:00 AM through 12:00 PM once a day.</p> <p>Review of R5's Medication Administration Record (MAR) of the EMR under the Resident Orders tab for September 2024, revealed calcium acetate tablet 667 mg was not administered on 12 of 12 opportunities, (09/03/24, 09/05/24, 09/07/24, 09/10/24, 09/12/14, 09/14/24, 09/17/24, 09/19/24, 09/21/24, 09/24/24, 09/26/24, and 09/28/24) and was coded by nursing staff as out of the facility on scheduled dialysis dates.</p> <p>Review of R5's MAR of the EMR under the Resident Orders tab for October 2024, revealed calcium acetate tablet 667 mg was not administered on 14 of 14 opportunities, (10/01/24, 10/03/24, 10/05/24, 10/08/24, 10/10/24, 10/12/24, 10/15/24, 10/17/24, 10/19/24, 10/22/24, 10/24/24, 10/26/24, 10/29/24, and 10/31/24) and was coded by nursing staff as out of the facility on scheduled dialysis dates.</p> <p>Review of R5's MAR of the EMR under the Resident Orders tab for November 2024, revealed calcium acetate tablet 667 mg was not administered on six of six opportunities, (11/02/24, 11/05/24, 11/07/24, 11/09/24, 11/12/24, and 11/14/24.) and was coded by nursing staff as out of the facility on scheduled dialysis dates.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R5's Blood Pressure Trends documentation, provided by the facility, revealed a date range of 09/13/24 through 11/13/24 and included pre and post weights, blood pressures, pulse, and ultrafiltration rate. The facility received the documentation from the dialysis center on 11/13/24 at 11:51 AM. This information was not in R5's EMR prior to the facility's request from the dialysis center.</p> <p>During an interview on 11/14/24 at 12:33 PM, Licensed Practical Nurse (LPN)1 said that she would take the vitals of R5 before she went out to dialysis and would send the resident with a Continuity of Care Document (CCD) folder. LPN1 said that the facility staff only documented the vitals before the resident left the facility. She said that the dialysis center could write a progress note in the folder, but the dialysis center often did not write one in the folder. She stated that R5 received calcium acetate at breakfast and at dinner. She said the resident also received it at lunch, but on dialysis days the facility nurse would hold the medication. LPN1 confirmed there was no physician order to hold the medication for the times the resident was at dialysis.</p> <p>During an interview on 11/14/24 at 2:18 PM, Registered Nurse Supervisor (RNS) stated that she was made aware that R5 was not receiving the calcium acetate at lunchtime on dialysis days. RNS confirmed R5 was not receiving the medication as ordered on dialysis days.</p> <p>During a concurrent interview on 11/14/24 at 3:18 PM, the Director of Nursing and the Assistant Director of Nursing (ADON) stated that R5's vitals were supposed to be documented by the nurse prior to her going to dialysis. They stated the information should be documented in the EMR and the information would go with the resident to dialysis. They agreed that dialysis should send documentation back to the facility after each visit, which they both confirmed did not always happen. They confirmed they had to request information from R5's dialysis center during the survey. The Director of Nursing stated that she believed the nurse should check vitals when the resident returns. She said the EMR should be correctly documented to show why the resident was not receiving the calcium acetate on days of dialysis.</p> <p>During an interview on 11/14/24 at 4:04 PM, the Assistant Director of Nursing (ADON) stated that the facility always printed out the CCD when R5 went to the dialysis center. She confirmed that the CCD should show all of the vital information needed to go with them. The ADON said that the facility monitored the fistula on the EMR in the medication administration record.</p> <p>Review of the facility's policy titled, Dialysis Policy, dated 02/23/22, documented .will work collaboratively with residents' dialysis center to ensure a unified coordination of services .Information relevant to the resident's care will be shared with the dialysis center as needed. This information may include but is not limited to assessments of the resident's access site .fluid status .vascular status .vital signs .weights . laboratory data .dietary assessments and overall nutritional health. Monitor and provide diet and medications as prescribed by the dialysis staff/nephrologist's. Monitor fistula and catheter site for signs/symptoms of infection, dislodging, or clotting .Communicate any abnormal findings or changes in condition to the resident's physician, dialysis center and the resident's representative.</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>35690</p> <p>Based on interviews, personnel files review, and policy review the facility failed to ensure a performance review was completed for three of five Certified Nurse Aides (CNA) 4, CNA1, and CNA 5) once every 12 months.</p> <p>Findings include:</p> <p>Review of the Nursing Staff Competency Policy, dated 03/02/22 revealed The facility will complete a performance review of every certified nursing assistant at least once every 12 months.</p> <p>1. Review of CNA 4's personnel file revealed CNA 4 had a start date of 09/24/21. The KCDHS (Kenosha County Department of Human Services) Performance Feedback Form Represented Employees revealed her last review date was 09/23.</p> <p>During an interview on 11/14/24 at 9:51 PM, the Director of Nursing (DON) said CNA4's annual performance review had not been completed timely. She said CNA 4's hire date was 09/24/21 and the evaluation should have been completed no later than 09/24/24.</p> <p>2. Review of CNA 1's personnel file revealed CNA 1 had a start date of 02/03/19. The KCDHS (Kenosha County Department of Human Services) Performance Feedback Form Represented Employees revealed her last review date was 02/28/23. The document was signed by the employee, the supervisor, and the DON on 05/07/24.</p> <p>3. Review of CNA 5's personnel file revealed CNA 5 had a start date of 02/11/16. The KCDHS Performance Feedback Form Represented Employees revealed her last review date was 02/26/23. The document was signed by the employee, the supervisor and the ADON on 05/07/24.</p> <p>During an interview on 11/13/24 at 4:27 PM, the DON, Assistant DON (ADON) and the Administrator agreed that completing annual performance reviews timely for CNAs was very important.</p>