STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525574	A. Building B. Wing	08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brewster Village	3300 W Brewster St Appleton, WI 54914

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. (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
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F 0585 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 staff and resident interview and record review, the facility did not ensure grievances were documented, thoroughly investigated, and resolved for 2 residents (R) (R4 and R5) of 6 sampled residents.On 7/24/25, R4 and R5 reported rough care by staff during an investigation for a facility-reported incident that occurred on 7/23/25. The facility did not document the concerns a grievances, thoroughly investigate the concerns, or provide resolution for R4 and R5.Findings include:The facility's Grievance Policy and Procedure, revised 1/2024, indicates: The purpose of the grievance policy is to ensure the facility makes prompt efforts to resolve grievances .The intent of the grievance process is to support each villager's right to voice grievances (.those about treatment, care .or violation of rights) and to assure that after receiving a complaint/grievance, the facility actively seeks a resolution .The facility will promote the grievance process throughout the organization. This includes .Educating all those affected by potential grievances or concerns on the facility's grievance process, including but not limited to: a. Villager .c. Employees .B. Grievance Official .The facility will train and designate an individual who is responsible for .b. Receiving and tracking all grievances through to their conclusion .f. Completing written/verbal grievance resolutions/decisions to the villager involved .E. A grievance or concern can be expressed orally to the Grievance Officer or staff or in writing. F. Grievances may be given to any team member who will forward the grievance to the Grievance Officer .G. Any team member who receives a complaint shall immediately attempt to resolve the complaint within their role and authority. If a complaint cannot be immediately resolved, the team member shall escalate that complaint to their supervisor and the Grievance Officer. Upon receipt of a grievance or concern, the Grievance Officer will review the grievance to determine immediately if the grievance meets a reportable complaint-consistent with the facility's abuse prevention policy. The Grievance Officer will initiate the appropriate notification and investigation process .The investigation will consist of .A review of the completed complaint report, an interview with the person(s) reporting the incident if applicable, interviews with any witnesses to the incident or concern .An interview with team members having contact with the villager during the relevant periods or shifts .A root-cause analysis of all circumstances surrounding the incident .On 8/15/25, Surveyor reviewed a facility-reported incident, dated 7/23/25. The investigation indicated during resident interviews completed by Social Worker (SW)-D on 7/24/25, R4 and R5 reported rough cares by staff. R4 indicated Registered Nurse (RN)-I is rough with R4's arm and grabs R4's arm and hand when obtaining R4's blood sugar. R5 indicated an unidentified staff member pulled R5's legs roughly in the wrong direction which caused R5 pain. Surveyor reviewed the facility's grievance file which did not contain grievances from R4 or R5.On 8/15/25 at 1:24 PM, Surveyor interviewed Grievance Officer (GO)-C about grievances for R4 and R5. GO-C indicated all of the facility's grievances were contained in the grievance file. Surveyor showed GO-C copies of R4 and R5's interviews that indicated concerns with rough care and asked if grievances were filed for R4 and R5's concerns. GO-C was aware of the interviews with R4 and R5 and verified the facility did not have documented follow-up regarding the concerns. GO-C indicated if residents express a concern, the concern should be addressed.On 8/15/25, Surveyor reviewed R4's medical record. R4 was admitted to the facility on [DATE] and had diagnoses including morbid obesity, type 2 diabetes, and generalized anxiety disorder. R4's Minimum Data Set (MDS) assessment, dated 6/13/25, had a Brief Interview for Mental Status (BIMS) score of 6 out of 15 which indicated R4 had severe cognitive impairment. The MDS assessment also indicated R4 was dependent on staff for cares and mobility. R4 made R4's own healthcare decisions.A progress note, dated 6/11/25, indicated R4 had a Power of Attorney for Healthcare (POAHC) that was not activated.On 8/15/25 at 2:08 PM, Surveyor interviewed R4 regarding R4's report of rough care from RN-I. R4 indicated RN-I is still rough and pulls/grabs R4's arm and fingers during blood sugar checks. R4 confirmed R4 informed SW-D about the concern and also informed RN-I that R4 did not like the treatment. R4 indicated SW-D did not follow-up on the concern. R4 denied pain or bruising, but stated R4 does not like to be grabbed and it is rude the way RN-I talks and grabs R4's fingers. R4 indicated R4 feels safe at the facility.On 8/15/25, Surveyor reviewed R5's medical record. R5 was admitted to the facility on [DATE] and had diagnoses including chronic pain syndrome, anxiety disorder, and spinal stenosis. R5's MDS assessment, dated 6/23/25, indicated R5 had a BIMS score of 00 out of 15 which indicated R5 had severe cognitive impairment. The MDS assessment also indicated R5 required substantial assistance with mobility such as rolling left and right. R5 had an activated POAHC for healthcare.Surveyor noted R5's plan care did not contain an