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	04/15/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility did not maintain an infection prevention and control program designed to prevent the transmission of communicable disease and infection. This practice had the potential to affect all 122 residents residing in the facility. The facility's Legionella water management program did not include a building assessment to identify potential areas of concern where Legionella could develop. R4 was on enhanced barrier precautions (EBP). Staff did not wear appropriate personal protective equipment (PPE) during cares for R4.Findings include: The facility's Water Management Program to Reduce Legionella Growth policy and procedure indicates: Facility risk assessment has identified that potential risk areas would include building water supply system, hot water loop system, fire, and building humidification system . Centers for Disease Control and Prevention (CDC) guidance for Developing a Water Management Program to Reduce Legionella Growth and Spread in Buildings, dated 6/24/21, indicates: .Describe your Building Water Systems Using Text. You will need to write a simple description of your building water system and devices. This description should include details like where the building connects to the municipal water supply, how it is distributed and where pools, hot tubs, cooling towers, and water heaters or boilers are located. An existing as built diagram of the plumbing system and fixtures may be useful in developing this description .Describe Your Building Water Systems using a Flow Diagram. In addition to developing a written description of your building water systems, you should develop a process flow diagram. The facility's Enhanced Barrier Precautions (EBP): Mitigating Multidrug-Resistant Organism (MDRO) Spread policy, revised 4/2026, indicates: EBP is indicated for high-risk villagers. High-risk will be considered anyone who has an infection or colonization of an MDRO, indwelling medical devices (except peripheral intravenous (IV)), or chronic wounds .Chronic wounds (wounds that do not follow the natural healing process). This may include but are not limited to: pressure injuries, diabetic foot ulcers, venous stasis or arterial ulcers, and non-healing surgical wounds .Identified villagers will be provided care utilizing EBP per Centers for Disease Control and Prevention (CDC) and Centers for Medicare and Medicaid Services (CMS) guidelines. Staff will be required to wear a gown and gloves during high-contact resident care activities .High-contact care includes but may not be limited to: Brushing teeth, combing hair, shaving, dressing, washing up including pericare, bathing/showering, assisting with toileting needs, changing bed linens, transferring, and wound dressing changes. 1. On 4/15/26, Surveyor reviewed the facility's infection prevention and control program, including the facility's Legionella Water Management Program. The facility provided documentation of the Legionella Water Management policy and temperature and flush schedules. The facility's Water Management Program did not contain a facility assessment of the building that identified potential areas of concern where Legionella could develop. Surveyor again requested the facility's Legionella (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

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	assessment and was given a copy of the Legionella policy. On 4/15/26 at 12:26 PM, Surveyor interviewed Facility Operations Manager (FOM)-C who stated a policy with key points was all FOM-C had. FOM-C stated FOM-C would get back to Surveyor because FOM-C did not have what Surveyor asked for and was not aware a facility assessment was needed. On 4/15/26 at 1:32 PM, FOM-C verified the facility did not have a building assessment that identified potential areas of concern where Legionella could develop. 2. Between 4/13/26 and 4/15/26, Surveyor reviewed R4's medical record. R4 was admitted to the facility on [DATE] and had diagnoses including stage 4 pressure ulcer of right buttock, osteomyelitis of vertebra, sacral and sacrococcygeal region, and carrier of other infectious diseases. R4's Minimum Data Set (MDS) assessment, dated 3/18/26, had a Brief Interview for Mental Status (BIMS) score of 12 out of 15 which indicated R4 had moderately impaired cognition. A care plan, revised 3/19/26, indicated R4 had osteomyelitis of a stage 4 sacral pressure injury and was at risk for infection due to a chronic wound. The care plan contained a goal for R4 to be comfortable and remain free from infection, including active MDRO infection. The care plan contained interventions to use good hand-washing techniques before and after cares and to use EBP while R4 had a chronic wound. R4's medical record contained the following order: ~ Right ischial tuberosity pressure injury: Cleanse with hypochlorous wound cleanser. Provide a nickel thick layer of Santyl to wound bed by applying to adaptic. Place adaptic against wound bed and use to fill wound. Secure with dry gauze and tape. Cover with part of ABD pad and secure with paper tape twice daily (BID) AM and PM (dated 2/11/26) On 4/13/26 at 8:57 AM, Surveyor observed an EBP sign on R4's door. The sign indicated: Providers and staff must also: Wear gloves and gowns for the following high-contact resident care activities .transferring, dressing, and changing linens. On 4/14/26 at 11:55 AM, Surveyor observed Licensed Practical Nurse (LPN)-H complete wound care for R4's sacral pressure injury. LPN-H wore a gown and gloves during wound care. Followng wound care, LPN-H removed the gown and gloves and asked Certified Nursing Assistant (CNA)-I to assist with repositioning R4. CNA-I entered R4's room, sanitized hands, applied gloves, and assisted LPN-H with repositioning. LPN-H did not wear a gown and gloves while repositioning R4. CNA-I wore gloves during repositioning but not a gown. On 4/14/26 at 12:27 PM, Surveyor interviewed LPN-H who stated R4 was on EBP due to an open coccyx pressure injury. LPN-H verified LPN-H removed PPE after completing R4's dressing change. LPN-H confirmed LPN-H should have kept the gown and gloves on until all direct contact care, including repositioning, was completed. On 4/14/26 at 12:32 PM, Surveyor interviewed CNA-I who verified staff are required to wear a gown and gloves during all direct contact cares for residents on EBP. CNA-I indicated staff should wear a gown and gloves during cares including dressing, repositioning, and transferring. CNA-I verified CNA-I should have worn a gown while repositioning R4. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 4/15/26 at 11:06 AM, Surveyor interviewed Director of Nursing (DON)-B who confirmed staff should wear gowns and gloves during direct cares for residents on EBP due to close contact. DON-B verified repositioning is considered direct care and confirmed staff should have worn a gown and gloves while repositioning R4.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff and resident interview, and record review, the facility did not provide pharmaceutical services to meet the needs of 2 residents (R) (R138 and R143) of 24 sampled residents.R138 had melatonin at the bedside. R138 did not have a self-administration of medication assessment or a physician order that indicated R138 could safely and accurately self-administer medication or keep medication at the bedside. R143 had four 21 milligram (mg) nicotine patches, an Incruse Ellipta 62.5 microgram (mcg) dry powder inhaler, and a Breo Ellipta 100 mcg/25 mcg dry powder inhaler at the bedside. R143 did not have a self-administration of medication assessment or a physician order that indicated R143 could safely and accurately self-administer medication or keep medication at the bedside.Findings Include:The facility's undated Self-Administration of Medications by Residents policy indicates: Residents who desire to self-administer medications are permitted to do so if the facility's Interdisciplinary Team (IDT) has determined that the practice would be safe for the resident and other residents of the facility .If the resident desires to self-administer medications, an assessment is conducted by the IDT.The IDT assessment results are recorded on the Medication Self-Administration Assessment which is placed in the resident's medical record .All nurses and aides are required to report to the charge nurse on duty any medications found at the bedside not authorized for bedside storage and to give unauthorized medications to the charge nurse for return to the family or responsible party.1. From 4/13/26 to 4/15/26, Surveyor reviewed R138's medical record. R138 was admitted to the facility on [DATE] and had a diagnosis of closed right femur fracture. R138's Minimum Data Set (MDS) assessment, dated 4/8/26, had a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated R138's cognition was intact.An activity of daily living (ADL) care plan, dated 3/31/26, indicated R138 needed staff to monitor the risks and benefits of medications, administer medications as ordered, and update the doctor as needed.A fall care plan, dated 3/31/26, indicated R138 needed to monitor the risks and benefits of medications and for a change in mental status.On 4/13/26 at 12:30 PM, Surveyor observed liquid berry-flavored melatonin 10 mg on R138's bedside table. Surveyor interviewed R138 who stated melatonin helped R138 with sleep and R138 had taken melatonin a few times since admission.R138's medical record did not contain a self-administration of medication assessment or an order for melatonin. R138's plan of care did not indicate R138 had sleeplessness or required medication for sleep.On 4/13/26 at 1:08 PM, Surveyor interviewed Registered Nurse (RN)-F who observed the melatonin at R138's bedside with Surveyor and verified R138 should not have melatonin at the bedside. RN-F informed R138 the melatonin would be stored in the medication room.2. From 4/13/26 to 4/15/26, Surveyor reviewed R143's medical record. R143 was admitted to the facility on [DATE] and had a diagnosis of pneumonia. R143's MDS assessment, dated 4/10/26, had a BIMS score of 15 out of 15 which indicated R143's cognition was intact.R143's ADL care plan, dated 4/7/26, indicated R143 needed staff to administer medications as ordered.On 4/13/26 at 12:52 PM, Surveyor observed four 21 mg nicotine patches in an open box, an Incruse Ellipta 62.5 mcg dry powder inhaler in an open box, and a Breo Ellipta 100 mcg/25 mcg dry powder inhaler on top of the dresser next to R143's bed. Surveyor interviewed R143 who stated the medications were from home and R143 had them at the bedside since admission. R143 stated R143 did not use the medications and the nurses provided R143's medications.R143's medical record did not contain a self-administration of medication assessment.R143's medical record contained the following orders: ~ 14 mg/24-hour dose transdermal patch daily in the morning (start date: 4/7/26)~ Fluticasone-umeclidin-vilant 100 mcg/62.5 mcg/25 mcg dry powder inhaler daily (start date: 4/7/26)On 4/13/26 at 1:07 PM, Surveyor interviewed RN-F who verified R143 did not have an order to keep medication at the bedside.On 4/13/26 at 1:10 PM, Surveyor and RN-G observed the medications at R143's bedside and verified with R143 the (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	medications were brought from home and had been at R143's bedside since admission. RN-G removed the medications from the bedside and informed R143 the medications would be stored in the medication room.On 4/14/26 at 3:39 PM, Surveyor interviewed Director of Nursing (DON)-B who stated medications should not be kept at the bedside without an order and indicated a self-administration of medication assessment should be completed.