

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525596	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2025
NAME OF PROVIDER OR SUPPLIER Complete Care at Hales Corners		STREET ADDRESS, CITY, STATE, ZIP CODE 9449 W. Forest Home Ave. Hales Corners, WI 53130	

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 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility did not allow residents and/or residents representative to obtain a copy of personal and medical records or any portions thereof (including in an electronic form or format when such records are maintained electronically) upon request for 1 of 1 (R1) resident reviewed.R1's daughter/POA (power of attorney) requested copies of his medical record were not provided.Findings include:R1 admitted to the facility on [DATE] and had diagnoses that included right femur fracture, right radius fracture, right ulnar fracture, acute posthemorrhagic anemia, chronic diastolic congestive heart failure, hypertensive heart disease, dementia, obstructive sleep apnea, hypokalemia, gastroesophageal reflux disease, insomnia, benign prostatic hyperplasia, presence of prosthetic heart valve, history of malignant neoplasm of prostate, cardiac pacemaker, pyelonephritis, metabolic encephalopathy, intervertebral disc degeneration lumbar region, polyneuropathy, spinal stenosis, cystitis.The facility policy titled Release of Medical Records dated 5/25 documents (in part) . Medical records will be released with a valid request and in accordance with state and federal laws.6. Upon receipt of a request for medical record copies, the facility should notify the requesting party, in writing, of the cost for obtaining records and that records are available 2 days after receipt of payment for the copies. Copies should not be released prior to the receipt of payment for copying charges.8. Once a request for records is received, all records for that resident should be gathered and secured in a place inaccessible to anyone except the Administrator, Director or Nursing or designee. If the resident is a current resident, the minimum required information should be maintained at the nurse's station. As the active medical record is thinned, those documents should be filed with the secured record.On 10/14/25 at 10:47 AM, Surveyor spoke with Medical Records-F who reported she received a call from R1's daughter requesting medical records. Medical Records-F reported she called R1's daughter back to have her fill out the form for medical record request, but she never came to fill it out. Medical Records-F advised Surveyor she had the envelope with the date and would bring to Surveyor.On 10/14/25 at 10:50 AM, Medical Records-F stated, See, it's right here, she never filled it out and handed Surveyor an envelope with a sticky note dated 8/8/25, which read: Please give this to (R1's daughter) to fill out and return it back to me please in my mailbox. Surveyor opened the envelope noting the form was completed and signed by R1's daughter. Surveyor showed it to Medical Records-F, noting it was filled out and signed by R1's daughter on 8/24/25. Medical Records-F stated, I'll have to look to see if that's her signature. After reviewing the form, Medical Records-F stated, I guess it was filled out. All I know is the last NHA (Nursing Home Administrator) handed the envelope to me and said she never filled it out, so I just kept it. I should have looked inside. Surveyor verified medical records were not provided to R1's daughter/POA as requested. No additional information was provided.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility did not ensure residents received treatment and care in accordance with professional standards of practice for 1 (R2) of 3 Residents. On 7/21/25 R2's left facial mass was observed with organism maggot looking like moving all over its surface. R2 was transferred to the hospital and hospitalized until 7/25/25. Hospital course includes documentation of chronic left facial mass for the past 2 years which apparently the patient has refused treatment which has grown bigger in size fungating with maggots' infestation. The facility did not investigate R2's maggot infestation, did not monitor the maggots and did not develop a plan of care for maggots and R2's refusals. Findings include: R2 was originally admitted to the facility on [DATE] with diagnoses which includes dementia (loss of cognitive function that interferes with a person's daily life & activities), hypertension (high blood pressure), depression, and squamous cell carcinoma of skin. R2 has an activated power of attorney for healthcare. On 10/13/25 Surveyor reviewed R2's care plans and noted the following care plans: *ADL (activities daily living) functional/potential/rehabilitation and/or limited mobility. Initiated 1/27/25 & revised 10/7/25. *Resident is independent in leisure initiation and pursuit RT (recreation therapy) personal preference and customary routine. Initiated & revised 2/3/25. *Resident at risk for infection. Initiated & revised 2/8/25. *Resident is a potential for alteration in cardiac output. Initiated 2/8/25 & revised 10/7/25. *Resident is at risk for falls. Initiated 2/8/25 and revised 10/7/25. *Resident has bowel incontinence. Initiated 2/8/25 & revised 10/7/25. *Resident is at risk for pain. Initiated 2/8/25 & revised 8/9/25. *Impaired skin integrity. Initiated & revised 2/8/25. *Altered urine pattern. Initiated & revised 2/9/25. *Resident has potential for adverse medication side effects. Initiated & revised 2/9/25. *Resident has a mood problem. Initiated & revised 2/25/25. *Resident has depression. Initiated 2/25/25 & revised & resolved 8/7/25. *Resident has impaired cognitive function/impaired thought process. Initiated 2/25/25 & revised 10/7/25. *Patient has an advanced directive. Initiated 2/25/25 & revised 8/18/25. *Discharge not anticipated at this time, as long-term care placement has been determined due to resident's level of care needed. Initiated 2/25/25. *Resident requires enhanced barrier precautions. Initiated 6/13/25. *Resident occasionally makes unwanted verbal sexual advances toward female staff members when peri cares and catheter cares are being tended to. Initiated 6/17/25 & revised 8/18/25. *Resident has actual impairment to skin integrity of left side of face r/t (related to) facial mass and MASD (moisture-associated skin damage) to buttocks. Initiated 7/25/25 & revised 8/11/25. *Resident is on a general diet. Initiated 7/25/25 & revised 8/5/25. *Resident has infection of the left cheek cellulitis. Initiated 8/6/25 & revised & resolved 10/13/25. Surveyor noted R2's actual impairment to skin integrity care plan has an intervention dated 9/28/25 & revised 10/13/25 of Ivermectin cream 1x (times)/week as needed for left facial mass maggots. There are no other interventions regarding maggots and there is not a maggot care plan. The facility developed acute care plan alteration in skin integrity dated 9/2/25 & 9/4/25. Neither of these acute care plans address R2's maggots. R2's nurses note dated 7/20/25, at 17:05 (5:05 p.m.), written by Nursing-K for What is the resident exhibiting documents Informed by team nurse that mass to resident's face has a large portion that separated from the main mass that is presently hanging off his face, with active bleeding and large amount of foul-smelling drainage present. Resident denies any pain or discomfort and appears to be oblivious to the present situation. When told about the mass to his face and what has happened, he responds Where? Where is it, what is it I don't know what you're talking about. When asked if he has seen it on his face he replied No, where is it? He then stated I need more Kleenex as he was touching it and wiping it. Explained that the rea is bleeding and that he will need to go to the hospital to have it evaluated. He said, oh ok. VSS (vital signs stable). For describe current condition and your assessment documents Very large mass present to entire outer area (above the skin) on the L side of his face protruding outwards of at least approximately 5cm (centimeters) x 15cm or more. Irregularly shaped, open, draining and bleeding. A portion of the mass has separated questionably caused by the weight of the mass and gravity causing it to bleed more and drain more. For new orders or interventions put into place documents Send to ER (emergency room) for evaluation. Pt (patient) sent via [Name] Ambulance. R2's nurses note dated 7/20/25, at 19:56 (7:56 p.m.), written by Nursing-K documents Resident returned to facility from [Hospital initials] ER. Dx (diagnosis) facial mass and NOR (new order received) for Dermatology consult. Received report from [Name] RN (Registered Nurse), who stated that areas of bleeding to mass have been cauterized and pt is discharged back to facility with order to be seen by dermatology. Family is aware R2's nurses note dated 7/21/25 at 12:09 p.m. written</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility did not maintain an effective pest control for 1 (R2) of 1 resident. On 7/21/25 R2 was identified with having maggot looking like organisms moving all over R2's left facial mass. The facility did not increase their pest control services to treat R2's room for flies. Findings include: The facility's policy titled, Pest Control Program and dated 5/25 under policy documents It is the policy of this facility to maintain an effective pest control program that eradicates and contains common household pests and rodents. Under policy explanation and compliance guidelines documents 3. Facility will maintain a report system of issues that may arise in between scheduled visits with the outside pest service and treat as indicated. R2 was originally admitted to the facility on [DATE] with diagnoses which includes dementia (loss of cognitive function that interferes with a person's daily life & activities), hypertension (high blood pressure), depression, and squamous cell carcinoma of skin. R2's change in condition note dated 7/21/25, at 14:17 (2:17 p.m.), written by RN-L includes documentation of Nursing observations, evaluations, and recommendations are: Left facial mass presenting with purulent, continuous drainage and organisms maggot looking like moving all over its surface. Resident denies pain and is alert and oriented within his baseline VSS. R2's nurses note dated 8/31/25, at 11:36 a.m., written by LPN-D documents Resident had irrigation and suction to facial growth completed x2 this AM shift d/t maggots crawling on face. Resident continues to have lg (large) amount of bloody drainage from mass. Area has several flies hovering around and worms continue to come out of holes and then burrow back in. Acetic acid irrigation completed f/b suctioning, resident very resistive to treatment and procedure. Eyes washed with warm wash cloths, remain red and crusty. Resident denies any pain at this time, monitoring continues for any new changes. R2's nurses note dated 9/26/25, at 22:02 (10:02 p.m.), written by LPN-O documents F/U acute charting: Left facial mass and MASD to Neck and chest. Left facial mass treatment continues as ordered, pat and dry as tolerated as resident verbalizing Leave them alone, educated resident the importance of the tx during treatment, small amount of serosanguinous noted, observed fly flying around the room, this writer was able to get rid of the fly, no signs of maggots noted as of this time. MASD to neck and chest treatment applied as ordered, c/o pain during care to neck area, refused the removal of thick crusty drainage, also refuse the top clothing to be change, placed new towels neck area at all times. On 10/13/25, at 1:55 p.m., Surveyor asked Maintenance Director (MD)-E if he is responsible for exterminating services at the facility. MD-E explained they have a company that comes in and the exterminator will be here tomorrow. MD-E explained they spray for general pests once a month, the 2nd Tuesday of the month. Surveyor asked if there have been any problems with flies. MD-E replied no and explained the exterminator sprays the sewer drains. Surveyor asked for the monthly exterminating reports from June to September 2025. Surveyor reviewed [Name] Pest Management inspection report dated 6/10/25. Surveyor noted the kitchen, utility room, boiler room, dining room, restrooms, basement, break room, exterior, baseboards, & storage room were treated for general crawling insects. Surveyor reviewed [Name] Pest Management inspection report dated 7/8/25. Surveyor noted the utility room, laundry room, boiler room, basement, break room, exterior, baseboards, & storage room were treated for general crawling insects. Surveyor noted there is not a pest management inspection report after 7/8/25 for flies in R2's room until the monthly pest management inspection report dated 8/12/25. Surveyor reviewed [Name] Pest Management inspection report dated 8/12/25. Surveyor noted the kitchen, laundry room, boiler room, dining room, restrooms, basement, break room, baseboards, & storage room were treated for general crawling insects. Surveyor noted R2's room was not treated for flies. Surveyor reviewed [Name] Pest Management inspection report dated 9/9/25. Surveyor noted the kitchen, laundry room, boiler room, basement, break room, baseboards, & storage room were treated for general crawling insects. Surveyor noted R2's room was not treated for flies. On 10/14/25, at approximately 7:30 a.m., Surveyor spoke with Licensed Practical Nurse (LPN)-V regarding R2's maggots on R2's facial mass. Surveyor asked LPN-V if she saw flies in R2's room & around R2. LPN-V replied I saw a couple and killed a couple. Surveyor asked LPN-V if an exterminator came in and sprayed R2's room for flies. LPN-V replied not that I know of. LPN-V informed Surveyor after R2 went to the hospital she went in and wiped everything down with a wipe. On 10/14/25, at 11:06 a.m., Surveyor asked Exterminator-J if he was asked to spray any resident's rooms for flies. Exterminator-J replied, no not for flies. No information was provided to Surveyor as to why the facility did not increase their pest control services to address flies in R2's room</p>		