STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525700	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Congregational Home, Inc	13900 W Burleigh Rd Brookfield, WI 53005

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38829 Based on observations, record review and interviews, the facility did not ensure that 1 (R59) of 15 residents reviewed had an individualized comprehensive plan of care. *R59 has bed canes on his bed and has a foley catheter. R59 did not have a comprehensive plan of care with individualized interventions to address the use of bed canes or a foley catheter. Findings Include: Surveyor reviewed the facility's Comprehensive Care Plan policy and procedure dated effective 3/15/18 and noted the following applicable documentation to R59 not having care plans in place for R59's foley catheter and the use of bed canes: .Policy: To develop and implement a comprehensive person-centered care plan for each Resident, consistent with Resident rights that include measurable outcomes and timeframes to meet a Resident's medical, nursing, mental and psychosocial needs that are identified in the comprehensive assessment. Goal: Promote care for a Resident that will attain or maintain the Resident's highest practicable physical, mental and psychosocial wellbeing. STANDARD PRACTICE/PROCEDURE: Interdisciplinary team(IDT) will develop and implement a person-centered comprehensive care plan to meet the Resident's preferences and goals and address the Resident's medical, physical, mental and psychosocial needs. This includes, but is not limited to: . Using an assessment process to determine the Resident's clinical condition, cognitive and functional status and use of services. . Using assessment findings to determine areas of weakness, risk, or need and determining if a care plan and interventions are needed for that area. . Establishing goals that have measurable objectives, interventions, and timeframes. . Identifying what is important to each Resident with regard to daily routines and preferred activities, and having an understanding of the Resident's life before coming to reside in the facility. (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
	525700	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Congregational Home, Inc	13900 W Burleigh Rd Brookfield, WI 53005

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	. Completing the care plan with a Resident centered approach that focuses on the Resident as center of control and supports the Resident in making his or her own choices. Process: IDT will assess Resident and determine needs based on Resident's medical, physical, mental and psychosocial wellbeing. Comprehensive care plan will be created and implemented per stated guidelines. Resident needs and preferences will be communicated to staff via the use of care plans, orders, verbal communication, CNA care plans, etc. Resident needs and goals will be reviewed routinely and changes to the care plan made as needed by the Resident. Communication with the Resident and representative, if applicable will be ongoing. R59 was admitted to the facility on [DATE] with diagnoses of Malignant Neoplasm of Bladder, Chronic Kidney Disease Stage 3, Anxiety Disorder, and Restlessness and Agitation. R59 is currently his own person. Surveyor reviewed R59's Admission Minimum Data Set(MDS) dated [DATE] which documents R59's Brief Interview for Mental Status score to be 13, indicating R59 is cognitively intact for daily decision making. R59's Admission MDS also documents R59 has no range of motion impairments, requires supervision for upper body dressing, substantial/maximum assist for lower body dressing, dependence for all transfers and partial/moderate assistance for sit to lying movements. On 4/29/24 at 9:46 AM, Surveyor observed R59 sleeping in bed. R59 was observed to have bed canes on both side of the bed and a foley catheter hanging off the bed. On 4/29/24 at 12:36 PM, Surveyor reviewed R59's electronic medical record. In review of R59's comprehensive care plan, Surveyor was not able to locate a care plan with interventions to address R59's bed canes and foley catheter. Surveyor noted that R59 had a 48 hour baseline care plan that did not document that R59 utilized bed canes for mobility and only documents that R59 has a foley catheter but did not address R59's foley catheter interventions and or goals of care. On 5/1/24 at 8:09 AM, Surveyor interviewed Nursing Care Manager(NCM-D) whom is responsible for completing R59's comprehensive care plans. NCM-D confirmed that there is no documentation for the use of bed canes or a foley catheter for R59. NCM-D confirmed that there should be a care plan in place for the use of R59's bed canes and R59's foley catheter. On 5/1/24 at 11:23 AM, Surveyor shared the concern that R59 did not have a care plan for the use of bed canes and foley catheter with Director of Nursing(DON-B). DON-B confirmed that R59 should have both care plans in place. No further information was provided as to why R59's did not contain the care/services to be furnished with goals, desired outcomes, and interventions in order for R59 to attain or maintain the highest practicable physical well being.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525700	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Congregational Home, Inc	13900 W Burleigh Rd Brookfield, WI 53005

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 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42037 Based on observation, record review, and interview, the facility did not ensure residents at risk for pressure injuries, and with pressure injuries, were comprehensively assessed for the development of an individualized plan of care with interventions to promote healing, prevent infection and prevent new pressure injuries from forming. This was observed with 1 (R34) of 3 residents reviewed with pressure injuries and at risk for the development of pressure injuries. *R34 was assessed at high risk for the development of pressure injuries. Despite this, the facility did not initiate a turning or repositioning schedule for R34. On 11/7/23, R34 was noted to have developed a suspected deep tissue injury to the right heel. The facility did not individualize R34's care plan related to their pressure injury, conduct weekly wound assessments consistently or discuss risks versus benefits related to repositioning with R34 or R34's representative. Findings include: R34 was admitted to the facility on [DATE] with diagnoses of a femur fracture and chronic kidney disease. R34's Braden Scale for Predicting Pressure Sore risk assessment dated [DATE] documented a Braden score of 12, indicating R34 was at high risk for pressure injuries. R34's Admission MDS (Minimum Data Set) assessment dated [DATE] indicates a BIMS (Brief Interview for Mental Status) score of 13, indicating R34 was noted as cognitively intact in regards to daily decision making. R34's Admission MDS indicated that R34 requires substantial to maximum assistance with mobility and repositioning. R34's MDS also indicated the facility did not initiate a repositioning or turning schedule upon R34's admission to the facility. The MDS assesses R34 to not have any issues with the rejection of care. R34's Quarterly MDS assessment dated [DATE] documented that R34 had a suspected deep tissue injury to the right heel which required daily wound treatments. The MDS assesses R34 to not have any issues with the rejection of care. On 4/29/24 at 1:20 PM, Surveyor noted R34 sitting in a recliner chair in their room. R34 was observed to be wearing gripper socks and was observed with their feet resting directly against the recliner's foot rest. On 4/30/24 at 11:10 AM, Surveyor noted R34 sitting in a recliner chair in their room. R34 was observed wearing gripper socks and was observed with their feet resting directly against the recliner's foot rest. On 4/30/24 at 1:15 PM, Surveyor noted R34 sitting in a recliner chair in their room. R34 was observed wearing gripper socks and was observed with their feet resting directly against the recliner's foot rest. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525700	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Congregational Home, Inc	13900 W Burleigh Rd Brookfield, WI 53005

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 0686 Level of Harm - Actual harm Residents Affected - Few	Surveyor reviewed R34's medical record including physician orders, progress notes, and care plans. Surveyor noted R34's skin integrity care plan with initiation date of 10/27/23 documents, The resident has potential/actual impairment to skin integrity related to fall resulting in injury. R34's care plan interventions included: Encourage good nutrition and hydration in order to promote healthier skin, educate resident/family/caregivers of causative factors and measures to prevent skin injury and follow facility protocols for treatment of injury. Surveyor did not note any revisions to R34's skin integrity care plan when R34 developed a suspected deep tissue injury to their right heel on 11/15/23. R34's Electronic Medical Record (EMR) documents the following wound measurements to R34's right heel: -11/15/23: Suspected deep tissue injury to the right heel measuring 2.8 x 2.9 cm (Centimeters). - 11/22/23: Suspected deep tissue injury to the right heel measuring 3 x 3 cm. - 11/29/23: Suspected deep tissue injury to the right heel measuring 3 x 3 cm. - 12/6/23: Suspected deep tissue injury to the right heel measured 3 x 3 cm. - 12/13/23: Suspected deep tissue injury to the right heel measuring 3 x 3 cm. - 12/27/23: Suspected deep tissue injury to the right heel measuring 3 x 3 cm. - 1/3/24: Suspected deep tissue injury to the right heel measuring 3 x 3 cm. - 1/25/24: Suspected deep tissue injury to the right heel measuring 3 x 3 cm. - 1/31/24: Suspected deep tissue injury to the right heel measuring 3 x 3 cm. - 2/7/24: Suspected deep tissue injury to the right heel measuring 3 x 3 cm. - 3/20/24: Suspected deep tissue injury to the right heel measuring 2 x 2 cm. - 3/27/24: Suspected deep tissue injury to the right heel measuring 2 x 2 cm. - 4/3/24: Suspected deep tissue injury to the right heel measuring 2 x 2 cm. - 4/17/24: Suspected deep tissue injury to the right heel measuring 1.5 x 1.5 cm. - 4/24/24: Suspected deep tissue injury to the right heel measuring 1.5 x 1.5 cm. The facility's Skin/Wound Documentation Guidelines policy and procedure with an initiation date of 7/5/11, documents: The facility will complete through assessments and documentation of pressure ulcers arterial ulcers, venous ulcers, diabetic ulcers, surgical/nonsurgical wounds, significant skin tears and other wounds as indicated following Clinical Practice Guidelines. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525700	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Congregational Home, Inc	13900 W Burleigh Rd Brookfield, WI 53005

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 0686 Level of Harm - Actual harm Residents Affected - Few	On 5/1/24 at 10:30 AM, Surveyor interviewed DON (Director of Nursing)-B regarding R34's pressure injuries. Surveyor asked DON-B what the facility's policy is for assessing wounds, including pressure injuries. DON-B responded that weekly assessments should be conducted for pressure injuries. DON-B told Surveyor that the facility's unit managers are responsible for conducting weekly pressure injury assessments. Surveyor asked which unit manager would be responsible for conducting R34's weekly pressure injury assessments. DON-B told Surveyor that R34's unit manager was terminated by the facility recently due to not performing their job duties, including weekly wound assessments and documentation of weekly wound assessments. Surveyor asked DON-B if a resident with a pressure injury should be on a turning and repositioning schedule. DON-B responded that R34 often refuses to be repositioned and refuses the use of offloading heel boots for pressure relief. Surveyor asked DON-B whether or not a resident who has frequent refusals of care or repositioning should have a comprehensive care plan in place to address resident's refusal of care. DON-B responded, Yes, they probably should. Surveyor asked DON-B if risk versus benefits of refusals of pressure relieving devices was ever discussed with R34 or their representative. DON-B told Surveyor they would look into this to see if they could find any documentation regarding risk versus benefit education with R34. On 5/1/24 at 12:45 PM, DON-B informed Surveyor that she could not find any additional information related to R34's pressure injury. On 5/1/24 at 2:10 PM, Surveyor conducted interview with NHA (Nursing Home Administrator)-A and DON-B. Surveyor shared concerns related R34's development of a facility acquired unstageable pressure injury, lack of repositioning schedule, lack of care plan updates and lack of documentation related to alleged refusals of repositioning and use of pressure reducing devices from R34 or their representative. No additional information was provided by the facility as to why R34 was comprehensively assessed for the development of an individualized plan of care with interventions to promote healing, prevent infection and prevent new pressure injuries from forming.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525700	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Congregational Home, Inc	13900 W Burleigh Rd Brookfield, WI 53005

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38829 Based on observations, staff interview and record review, the facility did not ensure the environment remained as free of accident hazards as possible for 1(R 36) of 1 residents reviewed for falls. R36 fell in the facility on 3/29/24 and 4/22/24 from R36's recliner. R36's falls were not thoroughly investigated and R36's plan of care was not updated to prevent future falls with person-centered interventions. Findings Include: Surveyor reviewed the facility's Falls policy and procedure dated as modified 4/3/23 regarding R36's two falls and noted the following: Procedure: 1. Upon admission licensed nursing staff will complete the NSG Admit/Readmit Screener 2. Upon admission, quarterly, with a significant COC, licensed nursing staff will complete the 'Morse Fall Scale' form 3. Staff will review: .Cognitive skills .History of falls .Ambulation .Transfer ability .Medications .Diagnosis .And have the ability to add additional safety points if there is a condition or behavior which may escalate a Resident's safety risk 4. The Resident will then receive a score which correlates to level of safety risk. .0-24=low risk 25-44=moderate risk 45+higher=high risk 6. An individualized plan of care to prevent falls will be initiated (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525700	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Congregational Home, Inc	13900 W Burleigh Rd Brookfield, WI 53005

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	8. The Residents' Plan of Care will be monitored and evaluated and approaches, interventions, and goals will be modified as indicated on an ongoing basis. 9. When a Resident falls, the Charge Nurse and RN supervisor of Nurse Care Manager will be called to assess and provide immediate and ongoing direction. 10. The Charge Nurse caring for the Resident that has fallen will complete the following forms: .Skilled Nursing -Fall Incident Form .A note from appropriate licensed and direct care staff providing care to the Resident prior to fall and any witnesses if applicable. 11. The Charge Nurse will initiate an intervention to help reduce risks of future falls. 12. The Charge Nurse will update the Plan Of Care and CNA Care Plan. 13. The Nurse Care Manager/RN Supervisor on duty at time of fall will review all Charge Nurse follow-up and documentation including: .Care plans .Nursing notes .And assure the new intervention/s and any ongoing interventions to prevent future falls are appropriate. 16. Daily, all falls that occur in the Skilled Nursing will be individually reviewed at the Interdisciplinary(IDT) Meeting. .The IDT may review the current fall, history of falls, the Resident's physical and cognitive abilities, and current interventions for the Residents' plan of care and assign responsibilities to facilitate new interventions as indicated. R36 was admitted to the facility on [DATE] with diagnoses of Pathological Fracture, Pelvis, Mixed Incontinence, Localized Edema, Other Abnormalities of Gait and Mobility, Malignant Neoplasm of Thyroid Gland, Parkinson's Disease and Cognitive Communication Deficit. Surveyor reviewed R36's Admission Minimum Data Set(MDS) dated [DATE] documents R36's Brief Interview for Mental Status(BIMS) score to be a 15, indicating that R36 is cognitively intact for daily decision making. R36's Admission MDS documents that R36's range of motion is impaired on 1 side lower extremity and, no range of motion and impairment on upper extremities, substantial/max assist required for toileting, upper/lower dressing, transfers on/off toilet, and chair/bed to chair transfers. R36 is also documented as requiring partial/moderate assist for mobility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525700	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Congregational Home, Inc	13900 W Burleigh Rd Brookfield, WI 53005

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R36's fall risk admission assessment dated [DATE] did not determine and document if R36 is low, moderate, or high risk for falls. The assessment also instructs to alert for fall with significant injury in the Resident care profile under special instructions. Surveyor noted that R36 did not have a documented Morse Fall Scale completed as documented in the facility Fall policy and procedure. R36's fall care plan is documented as initiated on 3/13/24. R36's falls care plan documents: Problem:The resident is High, Moderate, Low risk for falls r/t (related to) Deconditioning, Gait/balance problems, Weakness, management of displaced pathologic fracture 2/2 metastatic follicular thyroid carcinoma of the right iliac bone, pain management; Goal: The resident will be free of falls through the review date; Intervention: Anticipate and meet the resident's needs. Date: 3/13/24 Intervention: Be sure The resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. Date: 3/13/24 Intervention: Ensure that The resident is wearing appropriate footwear when ambulating or mobilizing in w/c (wheelchair). Date: 3/13/24 Intervention: Bed canes to aid R36 in self positioning. Date: 3/13/24 Intervention: Encourage R36 to participate in activities that promote exercise, physical activity for strengthening and improved mobility. Date: 3/13/24 Intervention: Physical therapy(PT) evaluate and treat as ordered or as needed. Date: 3/13/24 Intervention: Monitor for safety. Date: 3/13/24 Intervention: R36 needs a safe environment with: even floors free from spills and/or clutter, adequate, glare-free light, a working and reachable call light, the bed in low position at night, handrails on walls, personal items within reach. Date: 3/13/24 R36's CNA (Certified Nursing Assistant) care card dated 5/1/24 documents: R36 is not to be left alone on toilet/in bathroom due to fall risk-remain within arms reach of Resident. Keep bed in low position when unattended. R36 has had 2 falls in the facility both from R36's recliner. R36's Electronic Medical Record(EMR) incident note dated 3/29/24 documents: Incident Note - Falls Date, Time and Location of Fall: 3/29/24, 4:00 PM (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525700	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Congregational Home, Inc	13900 W Burleigh Rd Brookfield, WI 53005

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident's room Vitals, including POX (pulse oximetry), Blood Sugar and Orthostatic BP: BP 130/68 T (temperature) 97.7 P (pulse) 61 R (respirations) 18 POX 92% Describe the fall: Resident found by CNA passing by room lying on her R (right) side in front of her recliner. Resident was attempting to pick up puzzle pieces from the floor when she lost her balance. Neurological checks initiated, resident denied headache, VSS (vital signs stable) Were there any injuries? If so, describe: Raised area/bump to R side of head Bruising and increased pain to R (right) shoulder - X-ray ordered and results pending Date/Time/Name of Physician Update: 3/29/24 @ 1630, NP(nurse practitioner), assessed resident Date/Time/Name of Family update: 3/29/24 @ 1640, daughter updated Position: RN (Registered Nurse) Created By: Registered Nurse(RN-M) R36's Post Fall Report dated 3/29/24 documents: R36 was found by CNA-N laying on right side in front of recliner. CNA-N was assigned to R36 and stated that CNA-N was passing linen and saw R36 on the floor. It is documented R36 was toileted at start of shift, but Surveyor does not know what time that is. R36 was instructed to use the call light for assistance. The report does not document if R36's call light was on at the time of the fall or if there was any device in the recliner. R36's care plan was not updated at this time. Surveyor was unable to located any Interdisciplinary(IDT) meeting notes to review R36's fall. R36's EMR incident note dated 4/22/24 documents: Incident Note - Falls Date, Time and Location of Fall: 4-22-24 7:50 PM Vitals, including POX, Blood Sugar and Orthostatic BP: T 97.9 P 59 R 18 B/P 109/59 pulse ox 91% RA BS 161 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525700	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Congregational Home, Inc	13900 W Burleigh Rd Brookfield, WI 53005

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Describe the fall: Resident observed sitting on buttocks on floor in front of lounge chair, no bleeding or bruising noted, denies pain, able to move extremities without difficulty, cran (cranium) check negative, up to w/c with assist of 3. Were there any injuries? If so, describe: No injury noted Date/Time/Name of Physician Update: 4-22-24 2010 T NP NNO (No New Orders) Date/Time/Name of Family update: 4-22-24 daughter Position: RN Created By: RN-O R36's Post Fall Report dated 4/22/24 documents: R36 was found sitting on floor next to recliner and reports did not hit head. The report has no documentation from any staff that would have last seen her and what cares provided. It is documented R36 was toileted before supper but Surveyor does not know what time that is. The report does not document why R36 would have been attempting to get out of the recliner. The report does not document if R36's call light was on at the time of the fall or if there was any device in the recliner. R36's care plan was not updated at this time. Surveyor was unable to located any Interdisciplinary(IDT) meeting notes to review R36's fall. On 5/1/24 at 11:47 AM, Surveyor informed Director of Nursing (DON-B) that R36's 2 fall reports were incomplete and that both falls were from the recliner but no intervention(s) were put into place after each fall to prevent future falls. DON-B understands the concerns that a thorough investigation was not completed for both falls and acknowledged that there were no care plan updates as a result of each fall from the recliner. DON-B informed Surveyor that there should have been a new intervention(s) implemented after each of R36's falls. On 5/1/24 at 1:38 PM, Surveyor was provided documentation that the Interdisciplinary Team(IDT) met on 5/1/24 to review R36's falls and implemented a new intervention of putting a sign up reminding R36 to use call light for assistance when needed. No additional information was provided as to why the facility did not ensure that R36 had updated interventions in place to prevent accidents after experiencing two falls from the recline.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525700	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Congregational Home, Inc	13900 W Burleigh Rd Brookfield, WI 53005

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38829 Based on observation, interview, and record review the facility did not have evidence that it attempted appropriate alternatives prior to installation of bed rails, did not have evidence it assessed residents at risk of entrapment from bed rails prior to installation, did not have evidence the risks and benefits of bed rails were discussed with the Resident and/or resident representatives and that informed consent was obtained prior to installation for 2 (R59 and R1) of 4 residents reviewed for repositioning bars. *R59 did not have a physician's order for the use of bed canes or a care plan in place for the use of bed assist bars. There is no documentation that the facility attempted to use appropriate alternatives prior to installing or using bed assist bars for R59. *R1 does not have an assessment that was updated quarterly that documented that the risks and benefits of bed rails were discussed with the Resident and/or Resident representatives and that informed consent was obtained prior to the installation of half bed rails. R1 did not have any evidence that the facility attempted to use appropriate alternatives prior to installing or using bed assist bars for R1. Findings Include: Surveyor reviewed the facility's Bed Rails policy and procedure dated effective 1/1/23 and noted the following documentation applicable to R59 and R1: .STANDARD PRACTICE/PROCEDURE: Policy: It is the policy of this facility to utilize a person-centered approach when determining the use of bed assist bars. Appropriate alternative approaches are attempted prior to installing or using bed assist bars. After completion of bed assist bar use assessment form, if bed assist bars are used, the facility ensures correct installation, use, and maintenance of the bed assists bars along with follow up assessments. Policy Explanation and Compliance Guidelines: Resident Assessment 1. As part of the Resident's comprehensive assessment, the following components will be considered when determining the Resident's needs, and whether or not the use of bed assist bars meets those needs: a. Medical diagnosis, conditions, symptoms, and/or behavioral symptoms b. Height and weight (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525700	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Congregational Home, Inc	13900 W Burleigh Rd Brookfield, WI 53005

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	c. Sleep habits d. Medication(s) e. Acute medical or surgical interventions f. Underlying medical conditions g. Existence of delirium h. Ability to toilet self safely i. Cognition j. Communication k. Mobility(in and out of bed) l. Risk of falling 2. The Resident assessment must include an evaluation of the alternatives that were attempted to prior to the installation or use of a bed assist bar and how these alternatives failed to meet the Resident's assessed needs. 3. The Resident assessment must also assess the Resident's risk from using bed assist bars. Informed Consent 4. Informed consent from the Resident or Resident representative must be obtained after appropriate alternatives have been attempted prior to installation and use of bed assist bars. This information should be presented in an understandable manner, and consent given voluntarily, free from coercion. 5. The information that the facility should provide to the Resident, or Resident representative includes, but not limited to: a. What assessed medical needs would be addressed by the use of bed assist bars b. The Resident's benefits from the use of bed assist bars and the likelihood of these benefits c. The Resident's risks from the use of bed assist bars and how these risk will be mitigated d. Alternatives attempted that failed to meet the Resident's needs and alternatives considered but not attempted because they were considered to be inappropriate 6. Upon receiving informed consent, the facility will obtain a physician's order for the use of specified bed assist bar Appropriate Alternatives (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525700	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Congregational Home, Inc	13900 W Burleigh Rd Brookfield, WI 53005

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	7. The facility will attempt to use appropriate alternatives prior to installing or using bed assist bars. Alternatives include, but are not limited to: a. Trapeze bar for use with repositioning b. [NAME] or wheelchair next to bed for use with repositioning and/or transfers until mobility improves c. Two staff when appropriate for repositioning and/or transfers until mobility improves 8. Alternatives that are attempted should be appropriate for the Resident, safe and address the medical conditions, symptoms or behavioral patterns for which a bed assist bar was considered. Assessment of the Resident, the bed, the mattress, and bed assist bar for entrapment risk(which would include ensuring bed dimensions are appropriate for Resident size/weight) and risks and benefits were reviewed with the Resident or Resident representative, and informed consent was given before the installation or use. Installation and Maintenance of Bed assist bars 11. The facility will continue to provide necessary treatment and care to the Resident who has bed assist bars in accordance with professional standards of practice and the Resident's choices. a. Direct care staff will be responsible for care and treatment in accordance with the plan of care. b. The nurse manager in collaboration with therapy will complete reassessments in accordance with the facility's assessment schedule. For long term Residents not less than quarterly, upon a significant change in status, or a change in the type of bed/mattress/bed assist bar. c. The IDT will make decisions regarding when the bed assist bar will be used or discontinued, or when to revise the care plan to address any residual effects of the bed assist bar. 1) R59 was admitted to the facility on [DATE] with diagnoses of Malignant Neoplasm of Bladder, Chronic Kidney Disease Stage 3, Anxiety Disorder, and Restlessness and Agitation. R59 is currently his own person. Surveyor reviewed R59's Admission Minimum Data Set(MDS) dated [DATE] documents R59's Brief Interview for Mental Status(BIMS) score to be 13, indicating R59 is cognitively intact for daily decision making. R59's Admission MDS also documents that R59 has no range of motion impairments, requires supervision for upper body dressing, substantial/maximum assist for lower body dressing, is dependent for all transfers, requires partial/moderate assist for sit to lying movement and substantial/max assist for lying. On 4/29/24 at 9:46 AM, Surveyor observed R59 sleeping in bed. R59 was observed to have bed canes on both sides of the bed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525700	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Congregational Home, Inc	13900 W Burleigh Rd Brookfield, WI 53005

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/29/24 at 12:36 PM, Surveyor reviewed R59's electronic medical record(EMR). Surveyor was unable to locate a care plan with interventions to address the use of bed canes by R59. Surveyor noted that R59 had a 48 hour baseline care plan that did not document that R59 utilized bed canes for mobility. Surveyor noted that R59's current physician orders did not contain a physician's order for R59's bilateral bed canes. Surveyor reviewed R59's bed cane assessment data collection tool dated 3/13/24 and noted there was no documentation that the facility attempted to use appropriate alternatives prior to installing or utilizing bed assist bars for R59. On 4/30/24 12:21 PM, Surveyor interviewed R59 regarding the use of repositioning bars. R59 informed Surveyor that R59 uses the repositioning bars to pull self up in bed. On 5/1/24 at 7:58 AM, Surveyor interviewed Director of Nursing (DON-B) who confirmed there should be a physician's order for R59's repositioning bars. On 5/1/24 at 8:09 AM, Surveyor interviewed Nursing Care Manager(NCM-D) who is responsible for completing R59's comprehensive care plans. NCM-D confirmed that there should be a care plan in place for the use of bed canes by R59 and agreed there is no documentation that R59's were current for the use of bed canes. Surveyor noted that R59 did not have a physician's order for the use of bed canes or a care plan in place for the use of bed assist bars. There is no documentation that the facility attempted to use appropriate alternatives prior to installing or using bed assist bars for R59. 2) R1 was admitted to the facility on [DATE] with diagnoses of Unspecified Atrial Fibrillation, Type 2 Diabetes Mellitus, Chronic Obstructive Pulmonary Disease, Lymphedema, Peripheral Vascular Disease, and Major Depressive Disorder. Surveyor reviewed R1's Annual MDS dated [DATE] that documents R1's Brief Interview for Mental Status score to be a 12, indicating R1 demonstrates moderately impaired skills for daily decision making. R1's Annual MDS also documents that R1 has no range of motion impairment on upper extremities, has impairment on both sides of lower extremities, and that R1 is dependent for toileting, upper and lower body dressing, mobility, and transfers. On 4/29/24 at 10:38 AM, Surveyor observed R1 in bed with half siderails on both sides of the bed. R1 appeared to be in a larger bed. R1 informed Surveyor that R1 uses the half siderails to help boost up self up in bed. On 4/29/24 at 12:38 PM, Surveyor reviewed R1's electronic medical record. In review of R1's comprehensive care plan, Surveyor noted the following care plan for the use of side rails: R1 has an ADL self-care performance deficit due to hypoxia, need for O2 (oxygen), weakness, deconditioning, diagnosis of morbid obesity, impaired mobility/transfers requiring assist of 2 and full body lift, right lower extremity weakness due to CVA; Initiated 5/30/17. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525700	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Congregational Home, Inc	13900 W Burleigh Rd Brookfield, WI 53005

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Intervention in place for bed mobility: R1 is able to: assist with bed mobility with use of 1/2 bed side rails x 2 to aid in self positioning; Initiated 5/30/17. R1's physician orders dated 5/20/2019, documented an order for the use of bilateral half rails, to check placement and function every shift. Surveyor reviewed R1's most recent bed cane assessment data collection tool dated 1/12/23 and noted that the section documenting history of fear of rolling out bed-for bed cane, history of sliding/falling from bed to floor, bed mobility, aid in safe transfer into/out of bed, assist with independence and repositioning is circled. Surveyor noted it was not completed on a quarterly basis and was not updated to evaluate and assess the need for half siderails. Surveyor noted that there is no documentation that the facility attempted to use appropriate alternatives prior to installing or using bed assist bars for R1. On 5/1/24 at 11:23 AM, Surveyor informed DON-B that R59 did not have a care plan or a physician's order for the bed canes. DON-B confirmed that R59 should have both a care plan and that a physician order is required for the use of bed canes. Surveyor informed DON-B that R1's bed cane assessment does not reflect that R1 is currently using half side rails. DON-B stated that R1's bed probably came with half side rails but confirmed that a new assessment for the use of half side rails should have been completed. Surveyor also informed DON-B that R59 and R 1 did not have any documentation that the facility attempted to use appropriate alternatives prior to installing or using bed assist bars for R59 and R1. 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
	525700	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Congregational Home, Inc	13900 W Burleigh Rd Brookfield, WI 53005

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 21855 Based on observation, record review, and interview, the facility did not ensure that food was prepared, distributed, and served in accordance with professional standards for food service safety for 1 of 1 serving kitchens. *Cook-J was observed preparing food for residents while not wearing a beard hair restraint. *Server- L was observed walking around the kitchen in areas where food is prepared for residents while not wearing a beard hair restraint. *Server-K was observed grabbing ready to eat food with gloved hands, after touching non-sanitized food surfaces, and placing the ready to eat food on plates for residents to eat. This deficient practice has the potential to affect 61 of 61 residents who eat and receive their meals from the main serving kitchen. Findings include: 1. Hair Restraints The facility's policy did not have a last revision date, and titled: Employee Sanitary Practices documents, Policy: All employees will: 1. Wear hair restraints (hairnet, hat, and/or beard restraint) to prevent hair from contacting exposed food. On 04/29/2024 at 09:06 AM, during the initial tour, Surveyor observed Server-L unloading clean dishes from the dishwasher conveyor belt without wearing a beard hair restraint. Surveyor observed Cook-J walking around the kitchen where food is prepared for residents, without wearing a beard hair restraint. On 04/30/24 at 10:33 AM, Surveyor observed Cook-J, preparing vegetables for a resident meal without wearing a beard hair restraint. On 04/30/24 at 10:34 AM, Surveyor observed Cook-J using a blender while preparing food for a resident meal, without wearing a beard hair restraint. Surveyor also observed Cook-J walk through the kitchen where food is prepared for residents, without wearing a beard hair restraint. On 04/30/24 at 10:36 AM, Surveyor observed Server- L on the clean side of dish washing station, gathering clean dishes without wearing a beard hair restraint. On 05/01/2024 at 10:24 AM, Surveyor observed Cook-J not wearing a beard hair restraint while walking through the kitchen where food is prepared for residents. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525700	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Congregational Home, Inc	13900 W Burleigh Rd Brookfield, WI 53005

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 05/01/2024 at 10:16 AM, Surveyor informed Certified Dietary Manager (CDM)-I of above findings. CDM-I informed Surveyor they are waiting for the order of beard restraints to come in and have been substituting beard restraints with hair nets. CDM-I informed Surveyor that the expectation of staff is to always have hair/beards completely covered. On 05/01/24 at 10:24 AM, While Surveyor was leaving the kitchen, Surveyor heard CDM-I instruct Cook-J and Server-L to put beard hair restraints on. On 05/01/2024 at 03:02 PM, Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B were informed of the above findings. 2. Food Handling The facility's policy with no last revision date, and titled: Employee Sanitary Practices documents, Procedure: 3. Gloved hands are considered a food contact surface that can get contaminated or soiled. If used, single use gloves shall be used for only one task (such as working with ready to eat food or with raw animal food), used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation. On 04/30/24 at 11:56 AM, Surveyor observed Server-K serving food from the main steam table that serves all the food residents eat. Surveyor observed Server-K, wearing gloves on both hands, touch the counter and their pants with gloved hands, then grab a ready to eat country fried steak with her gloved hands and place the steak on a plate for residents to eat. Surveyor noted that Server-K did not wash her hands or change her gloves after touching non-sanitized food surfaces and prior to touching ready to eat food. On 04/30/24 at 11:58 AM, Surveyor observed Server-K go into the freezer while wearing gloves on both hands and grab a metal cart covered with a plastic bag and pull it into the kitchen area. Surveyor then observed Server-K remove the plastic covering from cart and return to the serving line. Server-K was then observed to grab ready to eat country fried steak while wearing the same gloves and placed it onto a plate for a resident to eat. Surveyor noted that Server-K did not wash her hands or change her gloves after touching non-sanitized food surfaces and prior to touching ready to eat food. On 04/30/24 at 12:01 PM, Surveyor observed Server-K wearing gloves on both hands, touch the counter and pick up a plate lid with both gloved hands. Surveyor then observed Server-K grab ready to eat country fried steak and place it on a plate for a resident to eat. Surveyor noted that Server-K did not wash her hands or change her gloves after touching non sanitized food surfaces and prior to touching ready to eat food. On 05/01/2024 at 10:16 AM, Surveyor informed CDM-I of above findings. CDM-I informed Surveyor that the expectation of staff is that gloves are to be changed in between tasks with proper hand washing. On 05/01/2024 at 03:02 PM, NHA-A and DON-B were informed of the above findings. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525700	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Congregational Home, Inc	13900 W Burleigh Rd Brookfield, WI 53005

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	No further information was provided as to why the facility did not ensure that food was prepared, distributed, and served in accordance with professional standards for food service safety for 1 of 1 serving kitchens. 49845

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525700	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Congregational Home, Inc	13900 W Burleigh Rd Brookfield, WI 53005

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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38829 Based on record review and interviews, the facility did not ensure hospice services providing end of life were coordinated for 1 (R59) of 1 sampled residents receiving hospice services. *R59 was admitted on hospice to the facility on [DATE]. R59 did not have a physician certification of terminal illness and the facility did not designate a specific individual of the facility's interdisciplinary team to act as a liaison between the facility and the hospice provider. Findings Include: Surveyor reviewed the facility's hospice services policy and procedure dated effective 3/2/18 documents: PURPOSE/POLICY STATEMENT: It is the policy of the facility to have a coordinated plan of care for any Resident electing to utilize the Medicare hospice benefit. The plan of care will reflect the hospice philosophy as well as the individual's needs and living situation in the facility. STANDARD PRACTICE/PROCEDURE: 1. A Resident may use their Medicare hospice benefit when they have received a physician order for the services and have found to qualify through a hospice agency of their or their representative's choice. 2. Once the chosen hospice agency has completed admission paperwork, the care coordination will begin with the hospice team and facility staff. 3. A care plan will be created which will indicate the responsibilities of the hospice agency. 4. The care plan will include directives for pain and other uncomfortable symptom management. The care plan will also identify the care services which the hospice staff and facility staff will provide in order to be responsive to the individual needs of the Resident. 5. The hospice nurse and facility nurse will communicate with each other when any changes are made to the plan of care. 6. A Resident receiving hospice services will continue to receive all personal cares and SNF services from facility staff as they would receive without the hospice services in place. 7. As outlined in their Resident rights, a Resident continues to have the right to refuse services from the hospice agency as well as the facility. 8. The care plan will be kept in the hospice binder located at the Resident's nurse's station. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525700	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Congregational Home, Inc	13900 W Burleigh Rd Brookfield, WI 53005

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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R59 was admitted to the facility on [DATE] with diagnoses of Malignant Neoplasm of Bladder, Chronic Kidney Disease, Stage 3, Anxiety Disorder, and Restlessness and Agitation. R59's Admission Minimum Data Set(MDS) dated [DATE] documents a Brief Interview for Mental Status(BIMS) score to be 13, indicating R59 is cognitively intact for daily decision making. R59's Annual MDS also documents that R59 has no range of motion impairments, requires supervision for upper body dressing, substantial/max assist for lower body dressing, full dependence for all transfers, partial/moderate assist for sit to lying. R59's current physician orders did not have a current physician order for hospice services. On 4/29/24 at 11:18 AM, Surveyor attempted to speak with R59. R59 was very angry about a razor not working and not getting a shave and expressed that R59 has 2 sets of hearing aides and neither work. R59 appeared very frustrated, tearful at times, yelling, and stated they don't do anything for me, can't tell them anything. R59 was observed banging on R59's hearing aid cases. On 4/30/24 at 12:42 PM, Surveyor asked Licensed Practical Nurse(LPN-E) for the location of the hospice binder for R59. LPN-E informed Surveyor, I have no idea. On 4/30/24 at 12:44 PM, Surveyor located R59's hospice binder. Surveyor noted R59's hospice binder contained hospice contacts, an updated plan of care dated 4/23/24, progress note which were not current, and a hospice election form that was signed 2/9/24. Surveyor was unable to locate R59's physician certification for terminal illness in the hospice binder. On 4/30/24 at 3:29 PM, Surveyor spoke with Social Worker(SW-C). Surveyor shared concerns that R59 appeared to be agitated as evidenced by Surveyor's interaction with R59 on 4/29/24. SW-E stated that SW-E hasn't observed R59's agitation but staff have commented that R59 has periods of agitation. SW-C informed Surveyor that there has not been a care conference to discuss behaviors with facility and hospice in attendance. On 5/1/24 at 7:57 AM, Surveyor spoke with Director of Nursing(DON-B) regarding R59 and hospice services. Surveyor explained that the physician certification of terminal illness for R59 is not present in R59's hospice binder. Surveyor also shared that the R59's current physician orders do not contain an order for hospice services. DON-B informed Surveyor that she did not believe there needed to be a hospice order for R59 as R59 was on hospice prior to being admitted to the facility. On 5/1/24 at 9:35 AM, Surveyor was provided the physician certification of terminal illness for R59. On 5/1/24 at 10:11 AM, Admissions Director(AD-F) stated AD-F spoke to the hospice representative and the representative would get the certification filed in R59's hospice binder. On 5/1/24 at 10:40 AM, Surveyor interviewed the Hospice Social Worker(HSW-G). HSW-G informed Surveyor that HSW-G had come in to the facility in the morning and spoken to SW-C. HSW-G informed Surveyor that at the time, R59 had asked to rest. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525700	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Congregational Home, Inc	13900 W Burleigh Rd Brookfield, WI 53005

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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor shared R59's concerns about getting shaved and getting R59's hearing aides fixed. HSW-G stated that SW-C did not communicate R59's concerns and stated that the hospice team will need to meet to discuss a new plan of care for R59. On 5/1/24 at 11:13 AM, AD-F informed to Surveyor that the Hospice Coordinator(HC-H) stated that the physician certification of terminal illness should have been attached to R59's plan of care but that upon further investigation, it was discovered that the physician certification of terminal illness for R59 had not been attached to R59's hospice binder. On 5/1/24 at 11:25 AM, Surveyor shared the concern with DON-B that R59 did not have a physician order for hospice and that the physician certification of terminal illness for R59 should have been attached to the hospice comprehensive care plan on R59's admission. Surveyor shared that R59's care concerns had not been communicated between the facility and hospice in order to facilitate person-centered interventions in order to meet R59's highest practicable physical and psychosocial well being. DON-B acknowledged the concern and provided no additional information. On 5/1/24 at 12:08 PM, SW-C confirmed to Surveyor that she had not shared R59's hearing aides and not getting shaved concerns with HSW-G after Surveyor had informed SW-C of the above concerns. Surveyor noted that the facility had not designated a specific individual of the facility's interdisciplinary team to act as a liaison between the facility and hospice provider. No additional information was provided as to why the facility did not ensure that R59 had a physician certification of terminal illness and why the facility did not designate a specific individual of the facility's interdisciplinary team to act as a liaison between the facility and the hospice provider.