STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015615	A. BUILDING: _____ B. WING _____	R-C 10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRENWOOD PARK ASSISTED LIVING	9535 W LOOMIS RD FRANKLIN, WI 53132

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{N 000}	Initial Comments On 10/30/2025, Surveyors concluded a verification visit and complaint investigation at Brenwood Park Assisted Living. Three deficiencies were identified. One complaint was substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 47	{N 000}		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the resident and/or the	N 387		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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N 387	Continued From page 1	N 387		

resident's legal representative, as appropriate, were involved in developing the individual service plan (ISP) and signed the plan acknowledging their involvement in, understanding of, and agreement with the plan for 1 of 5 (Resident 4) records reviewed .

Findings include:

On 10/30/2025 at 2:30 p.m., Surveyor reviewed Resident 4's record and identified the following:

Resident 1 was admitted on 05/18/2023 with diagnoses including unspecified dementia, bipolar disorder and depression.

On 10/30/2025 at 2:30 p.m., Surveyor reviewed Resident 4's medical record. Resident 4 was admitted on 05/18/2023. Resident 4's Health Care Power of Attorney was activated on 01/10/2023, prior to their admission to the facility. Resident 4's ISP, dated 8/22/2025, did not have any signatures of agreement indicating the date the ISP went into effect or review of the team and Resident 4's Activated Health Care Power of Attorney.

On 10/30/2025 at 3:45 p.m., Surveyor interviewed Marketing Nurse (MRN) P. MRN P reported a resident's activated Health Care Power of Attorney should be involved with ISP reviews and be signing off on the ISPs. MRN P reported they have had challenges being able to reach Resident 4's Activated Health Care Power of Attorney to coordinate a meeting time to review and sign off on Resident 4's ISP.

On 10/30/2025 at 4:30 p.m., Surveyor shared concern with Executive Director O, MRN P and Clinical Director Q that Resident 4's ISP has not

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N 387	Continued From page 2 been reviewed or signed off on by Resident 4's Activated Health Care Power of Attorney. No additional information was made available by the provider at this time.	N 387		
{N 388}	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure each resident's Individual Service Plan (ISP) was implemented for 1 of 1 resident. Resident 3 had a history of falls. Resident 3's call light was across the room and attached to his/her bedspread, out of reach of Resident 3. This is a repeat deficiency. See Statement of Deficiency (SOD) 0ZUR11, dated 04/30/2025. Findings include: On 10/30/2025, Surveyor reviewed Resident 3's record and identified the following: -Resident 3 was admitted on 07/03/2025, with diagnoses including dementia, psychotic disturbance, mood disturbance and anxiety. Resident 3 had an activated Health Care Power of Attorney. -Resident 3's record included an ISP, dated 07/03/2025, with signatures of agreement indicating the date the initial ISP went into effect. The document read, "Mobility. Goal. Resident will maintain ability to ambulate independently	{N 388}		

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{N 388}	Continued From page 3 through the next review. Intervention/Tasks. Resident is ambulatory. Ambulates with walker. Transfers self independently. Call light within reach when in room. Escorts: to and from meals and activities until acclimated to the community." -Resident 3's record included a 30-day ISP, dated 09/09/2025, with no signatures of agreement indicating the date the ISP went into effect. The document read, "Mobility. Goal. Resident will maintain ability to ambulate independently through the next review. Intervention/Tasks. 08-04-25: Reminded Resident to call for assistance from fall and not to get up her/himself. 9-09-25: Check on NOC (nighttime) for toilet assist ...Call light within reach when in room. Escorts: to and from meals and activities until acclimated to the community." -On 08/04/2025, Resident 3 had a fall. Staff answered his/her call light and Resident 3 was sitting in his/her recliner. S/He told staff, "I fell on my knees and scraped them." Staff reminded Resident 3 to call for any assistance from fall and to not get up by her/himself. -On 09/09/2025, Resident 3 had a fall on the floor next to his/her bed. Resident 3 told staff, "I was rushing to the bathroom." Resident 3 was able to get up by him/herself. Interventions added top service plans: Check on Resident 3 during nighttime shift. On 10/30/2025 at 3:05 p.m., Surveyor observed Resident 3 in his/her apartment. Resident 3 was sitting in his/her chair watching television with walker nearby. Surveyor observed Resident 3's call button secured to bedspread, out of reach of Resident 3, approximately 3-feet away.	{N 388}		

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{N 388}	Continued From page 4 On 10/30/2025 at 3:10 p.m., Surveyor interviewed Resident 3, who stated if s/he needed help, s/he would have to stand up and walk over to the bed to push his/her call button. Resident 3 stated s/he had a fall about a month ago, in the middle of the night. S/He stated s/he had to go to the bathroom, and s/he was rushing, without his/her walker. Resident 3 indicated caregivers will check on him/her in the middle of the night now. On 10/30/2025 at 4:15 p.m., Surveyor interviewed Marketing Nurse (MRN) M who stated, "Within reach should be within arm's reach. Perhaps we need to rearrange [Resident 3's] room so that s/he can always reach his/her call light. It's in his/her ISP."	{N 388}		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving.	N 452		

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N 452	Continued From page 5	N 452		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure hot food being served from the kitchen was provided to residents at an adequate temperature. This deficient practice has the potential to affect 47 of 47 residents residing at the facility.

Findings include:

On 10/30/2025 at 10:20 a.m., Surveyor conducted interview with Resident 5. Surveyor asked Resident 5 how they enjoy the food at the facility. Resident 5 responded that they were often served food that was not warm enough, including cold soup, which was very unappetizing. Resident 5 told Surveyor this happened all the time and was very discouraging. Resident 5 shared that there were a lot of new employees in the kitchen recently and they hoped the food improves.

On 10/30/2025 at 11:34 a.m., Surveyor made observations of the facility kitchen. Surveyor noted Cook N prepared mashed potatoes in a large metal pot on the stove which were poured into a large bowl on the counter.

On 10/30/2025 at 11:35 a.m., Surveyor asked Cook N when they would test the temperature of the lunch meal. Cook-N responded that they would not conduct temperature testing at this time. Surveyor asked Cook N how they would ensure to keep the bowl of mashed potatoes warm. Cook N responded, "When I put the gravy over the potatoes, they'll be fine."

Surveyor observed the bowl of mashed potatoes

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N 452	Continued From page 6 on the counter on 10/30/2025 from 11:34 a.m. to 11:55 a.m. without a heat source. On 10/30/2025 at 11:55 a.m. Surveyor asked Executive Director O to conduct temperature testing of the bowl of mashed potatoes. Executive Director O inserted a thermometer into the bowl of mashed potatoes. A temperature reading of the mashed potatoes was noted at 49 degrees Fahrenheit. On 10/30/2025 at 12:00 PM, Surveyor shared concerns with Executive Director O the bowl of mashed potatoes was without a heat source from 11:34 a.m. to 11:55 a.m., resulting in a temperature reading of 49 degrees Fahrenheit. No additional information was made available by the provider at this time.	N 452		