STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020307	A. BUILDING: _____ B. WING _____	C 04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANITAS GARDENS OF BROOKFIELD	15735 W LISBON RD BROOKFIELD, WI 53005

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments On 04/08/2026, with information obtained through 04/09/2026, the Bureau of Assisted Living, Southern Regional Office, conducted a complaint investigation at Anitas Gardens of Brookfield, a community-based residential facility (CBRF) located in Brookfield, WI. As a result of the survey, 1 deficiency was identified. The complaint was substantiated. Census: 59	N 000		
N 169	83.12(5)(a) Notification: incident, injury, changes. The CBRF shall immediately notify the resident's legal representative and the resident's physician when there is an incident or injury to the resident or a significant change in the resident's physical or mental condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that the legal representative for Resident 1 was immediately notified on 2 of 2 occasions in which there were incidents in which Resident 1 was admitted to the emergency department. Findings include:	N 169		

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
	0020307	A. BUILDING: _____ B. WING _____	C 04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANITAS GARDENS OF BROOKFIELD	15735 W LISBON RD BROOKFIELD, WI 53005

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 169	Continued From page 1 On 04/08/2026, Surveyor conducted a complaint investigation into concerns regarding the notification of legal representatives for incidents involving resident emergency department admissions. On 04/08/2026, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider from 08/19/2026 - 02/14/2026 when s/he was admitted to the emergency department, subsequently hospitalized, and then later discharged to a different location. Resident 1's diagnoses included Alzheimer's disease and rectal prolapse. Resident 1 was documented as having an activated power of attorney (POA) for healthcare, identified as POA C. At approximately 10:36 a.m., Surveyor requested from Executive Director A observation notes for Resident 1 since 01/01/2026 up to his/her discharge. In the notes received from the provider's electronic documentation platform, titled, "Observations for [Resident 1] (01/01/2026 - 04/08/2026)," Surveyor observed the following occasion in which Resident 1 was sent out of the facility for further emergency room evaluation: - Entry on 02/14/2026 (2:15 p.m.): "Call received that resident had unknown injury skin tear on right arm and resident actively vomiting with Diarrhea. Resident refusing fluids question of dehydration. Orders given to send out resident for evaluation." Surveyor reviewed an incident report for the above incident, dated 02/14/2026 at 2:14 p.m. The report documented, "Staff were rounding and entered resident room when [Personal Caregiver D] approached stating that resident had a skin tear. Carestaff contacted [registered nurse (RN)] immediately and suggested [s/he] be taken to the hospital." The report indicated that Resident 1	N 169		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020307	A. BUILDING: _____ B. WING _____	C 04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANITAS GARDENS OF BROOKFIELD	15735 W LISBON RD BROOKFIELD, WI 53005

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 169	Continued From page 2	N 169		

was taken to the emergency department by Personal Caregiver D. The report did not identify that POA C was notified about the above incident.

At approximately 11:52 a.m., Surveyor interviewed Executive Director A. Executive Director A confirmed that Personal Caregiver D was not an employee of the provider, but a caregiver that worked for Resident 1 specifically as contracted by his/her family. Executive Director A reported that Resident 1 was hospitalized after the above emergency department admission and never returned to the facility. Executive Director A reported that there were no other observation notes for Resident 1 and no other emergency department admissions or hospitalizations other than the incident described above.

At approximately 12:10 p.m., Surveyor interviewed Executive Director A. Executive Director A reported it was his/her understanding that Personal Caregiver D said s/he would contact POA C about the above incident since POA C is who took him/her to the emergency department. Executive Director A reported that because of that staff would not have then called POA C.

At approximately 12:25 p.m., Surveyor interviewed Executive Director A and Assistant Director E. Executive Director A again reported no familiarity with any other emergency department admission for Resident 1 since 01/01/2026 but stated s/he would look through the records to confirm.

At approximately 3:27 p.m., Surveyor interviewed POA C. POA C reported that Resident 1 had been admitted to the emergency department at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020307	A. BUILDING: _____ B. WING _____	C 04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANITAS GARDENS OF BROOKFIELD	15735 W LISBON RD BROOKFIELD, WI 53005

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 169	Continued From page 3	N 169		

some point on 01/17/2026 and on 02/14/2026. POA C confirmed s/he was not notified by the facility of either occasion and was upset about it. POA C reported s/he ultimately discovered the 01//17/2026 emergency department admission because Personal Caregiver D visited Resident 1 later that day, saw a bracelet on his/her wrist that appeared consistent with a medical identification bracelet, and sent him/her a text asking if s/he knew why Resident 1 was sent out to the emergency department. POA C reported s/he knew nothing about that admission. Surveyor then reviewed the text message exchange from POA C's phone:

- Text sent by Personal Caregiver D to POA C on 01/17/2026 (5:33 p.m.): "Why did [Resident 1] go to [emergency room]?"

- Text reply by POA C to Personal Caregiver D same day (6:41 p.m.): "??" Subsequent texts documented, "On with Anita's Garden trying to get info." "Can you please let me know what you know?" "[Concierge F] at the front desk said [s/he] thinks [s/he] went last night." "I have no messages from anyone."

On 04/08/2026, Surveyor reviewed an e-mail sent by Executive Director A at 3:33 p.m. The e-mail documented, "I went through [Resident 1]'s record and found the discharge paperwork and the observation note in [provider's electronic documentation platform]..." The attached document, titled, "Observations for [Resident 1] (01/01/2026 - 01/17/2026" had an entry by Director of Nursing B, dated 01/17/2026 (8:00 a.m.), that documented, "Registered Nurse (RN)] received call from carestaff overnight that there was an alarming amount of blood in resident's brief; RN gave order to send resident to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020307	A. BUILDING: _____ B. WING _____	C 04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANITAS GARDENS OF BROOKFIELD	15735 W LISBON RD BROOKFIELD, WI 53005

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 169	Continued From page 4 [emergency department] Resident returned early morning to facility; no new orders; RN spoke with family and advised; family stated that [due to] known rectal prolapse, resident will have bleeding; moving forward, family requests resident not be sent out for rectal bleeding and they be called 1st; all parties verbalized understanding, no further questions or concerns, continue [plan of care]." Surveyor observed this entry was titled "Observation for [Resident 1]" - the same heading as other observation entries that had been provided to Surveyor earlier, and that the date range was covered in the singular entry sent was covered by the same period as the observation notes previously provided to Surveyor,though this entry was not in that initial document. At approximately 3:39 p.m., Surveyor interviewed Executive Director A and Director of Nursing B. Executive Director A reported that in looking through Resident 1's record s/he initially found the emergency department discharge paperwork and then confirmed with Director of Nursing B that Resident 1 had been sent out to the emergency department on 01/17/2026. Executive Director A reported the above entry was maybe not included in the initial observation notes given to surveyor because s/he might not have clicked to select all notes. Director of Nursing B reported at some point overnight from 01/16/2026 - 01/17/2026 staff woke him/her up with a call notifying him/her of the blood found in Resident 1's brief. Director of Nursing B reported Resident 1 was sent out to the emergency department and returned sometime between 5:00 a.m. and 6:00 a.m. on 01/17/2026. Director of Nursing B reported s/he specifically was the one who called and spoke with POA C around 8:00 a.m. that morning.	N 169		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020307	A. BUILDING: _____ B. WING _____	C 04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANITAS GARDENS OF BROOKFIELD	15735 W LISBON RD BROOKFIELD, WI 53005

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 169	Continued From page 5 At approximately 3:52 p.m., Surveyor interviewed POA C again. POA C confirmed s/he was not made aware of the 01/17/2026 emergency department admission and reported that a conversation between him/her and Director of Nursing B on 01/17/2026 (as from the provider's observation note entry) never took place. POA C reported that if there was an entry documenting that such a conversation took place at that time it was a lie. POA C reported s/he had a meeting with management staff on 02/18/2026 to address concerns s/he had and it was during this meeting s/he brought up to them s/he had not been notified of the 01/17/2026 incident. On 04/09/2026, at approximately 3:03 p.m., Surveyor interviewed Personal Caregiver D, who reported s/he was previously a licensed practical nurse. Personal Caregiver D reported s/he went to visit Resident 1 on 01/17/2026 and noticed a bracelet on his/her wrist that appeared to him/her to be a hospital bracelet. Personal Caregiver D reported it was a white bracelet with Resident 1's name, date of birth, and medical identification number. Personal Caregiver D reported s/he asked Resident 1 about any emergency department visits, but Resident 1 could not recall any information. Personal Caregiver D reported s/he then asked 2 or 3 caregivers working about Resident 1 having gone to the emergency department but they didn't know anything about it. Personal Caregiver D reported s/he also was at the meeting on 02/18/2026 and heard POA C bring up the concern then that s/he was not made aware of Resident 1's emergency department admission on 01/17/2026. On 04/09/2026, Surveyor reviewed the incident report for Resident 1's 01/17/2026 emergency	N 169		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020307	A. BUILDING: _____ B. WING _____	C 04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANITAS GARDENS OF BROOKFIELD	15735 W LISBON RD BROOKFIELD, WI 53005

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 169	Continued From page 6 department admission, provided by Executive Director A. The incident report identified the incident date and time as "1/16/26" at 2:00 a.m. The incident report documented that on "1/16/26" at 2:00 a.m. Director of Nursing B was notified of the incident. The incident report documented that on "1/17" Personal Caregiver D was notified of the incident. There was no identification in that report of POA C having been notified.	N 169		