STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019677	A. BUILDING: _____ B. WING _____	C 02/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINDENCOURT NEW BERLIN	13705 W FIELDPOINTE DR NEW BERLIN, WI 53151

(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 02/26/2025, Surveyors conducted 2 complaint investigations at LindenCourt New Berlin. Three deficiencies were identified. One of 3 deficiencies was a repeat violation. See See Statement of Deficiency (SOD) JDP111, dated 09/11/2024. One complaint was substantiated and 1 was unsubstantiated. Census: 39	N 000		
N 362	83.33(1)(d) Grievance procedure: written summary The CBRF shall provide a written summary of the grievance, the findings and the conclusions and any action taken to the resident or the resident ' s legal representative and the resident ' s case manager. The CBRF shall maintain a copy of the investigation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written summary of the grievance's findings, conclusion and any action taken were provided to the resident's legal representative and copy of the grievance's investigation was maintained. A written summary of grievance involving Resident 4 was not provided to his/her legal representative.	N 362		

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

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N 362	Continued From page 1 Findings include: On 02/06/2025 at 9:59 AM, in preparation for survey, Surveyor interviewed Family Member E who stated on 02/03/2025, s/he emailed Manager A regarding bruises on Resident 4's arm and Resident 4's missing slippers. Family Member E stated Manager A called him/her at approximately 4:45 PM stating staff had no knowledge of the bruises. On 02/06/2025 at 2:23 PM, Surveyor received a copy of the email sent from Family Member E to Manager A on 02/03/2025 stating " ...I discovered a sizeable bruise on the inside of [Resident 4] left arm with smaller bruises in a row directly below the big bruise. Was this reported to you by any staff member, or did you possibly witness a situation where [s/he] was grabbed? Why am I not notified of things like this? Also, the sign stating COVID outbreak... indicated that upon entering masks should be worn... Why are masks not worn by residents... Noticed again tonight that [Resident 4's] slippers are still missing and I'm hoping that [his/her] hearing aids and glasses are safe somewhere... Just a few concerns that I would like addressed..." On 02/26/2025, Surveyor reviewed Resident 4's record. Family Member E was listed as Power of Attorney for Health Care (legal representative). Incident report dated 02/03/2025, 7:19 PM by Manger A: " ...writer received email from [Family Member E] reporting that resident has multiple bruises to inner [left] upper arm that appeared to be a [sic] fingerprints ...Writer did look at inner [left] upper arm. Resident has a light faded bruise the size of appox [sic] in size that is almost completely healed ...Writer asked multiple staff if	N 362		

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N 362	Continued From page 2 they seen [sic] or knew of any incident that might have occurred which staff responded in the negative. Writer did reach out to [Family Member E] of no findings upon investigation, but writer would do a [sic] incident report. At end of investigation writer does not know when this occurred as bruise is almost completely healed, and staff were unaware of bruising under arm ...Agencies/People Notified ...Physician ..." On 02/06/2025 at 11:17 AM, Surveyor interviewed Manager A who stated s/he received an email from Family Member E on 02/03/2025. Manager A stated s/he only documented the investigation in the 02/03/2025 incident report and did not document interviews conducted during the investigation. Manager A stated s/he did not complete a grievance form. Manager A stated s/he called Family Member E but did not provide him/her a written outcome of the grievance. Surveyors reviewed DHS 83.33(1)(d) with Manager A who verbalized an understanding.	N 362		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan.	N 389		

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N 389	Continued From page 3	N 389		

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure individual service plans were updated when there was a change in resident's needs for 3 of 3 residents reviewed.

Resident 2's and Resident 3's ISPs were not updated to include physician ordered mechanical soft diets.

Resident 5's ISP was not updated with fall prevention interventions after 2 falls with injuries.

This is a repeat deficiency. See Statement of Deficiency (SOD) JDP111, dated 09/11/2024.

Findings include:

The facility is licensed as a Class CNA (nonambulatory) CBRF able to serve up to 49 residents within the client groups of irreversible dementia/Alzheimer's.

On 01/22/2025, the Department received a complaint regarding therapeutic diets.

On 02/26/2025 at 9:17 AM, Surveyors observed a note taped to refrigerator in Southwest dining room stating Resident 2 and Resident 3 were to have mechanical soft diets.

On 02/26/2025 at 9:49 AM, Surveyors observed large dark purple fading bruises on Resident 5's right and left cheeks and forehead.

On 02/26/2025 at 9:49 AM, Surveyor interviewed

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N 389	Continued From page 4 CNA F who stated s/he had found Resident 5 lying on the bathroom floor and the bruises occurred during that fall. On 02/26/2025 at 12:29 PM, Surveyors observed Resident 2 and Resident 3 in the dining room. Their meals consisted of potato salad and bite sized cooked cabbage. The pieces of potatoes and cabbage were larger than 4 millimeters and the ground meat was not moistened. On 02/26/2025 at approximately 12:35 PM, Surveyor showed Manager A Resident 2's and Resident 3's meals. Manager A stated the meals were not mechanically soft. On 02/26/2025, Surveyor reviewed Resident 2's and Resident 3's records. Example 1 Resident 2 Resident 2 was admitted 12/20/2022. Diagnoses included unspecified dementia. Physician orders included general/regular diet, mechanical soft texture, thin consistency (start date 01/07/2025). ISP dated 01/10/2025 In the area of Eating/Meals (summarized): Interventions included: Diet: supplement shakes Eats in the dining room Encourage fluids and food consumption Needs preparation of all meals Remind resident to go to meals Report changes in ability to eat or drink to the nurse Weigh monthly or as per orders. Weight changes of +/- 3 lbs. in a month must be reported to the nurse, the family and MD and assessment	N 389		

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completed.
The ISP did not address need for mechanical soft diet.

Example 2 Resident 3-
Resident 3 was admitted 04/22/2019. Diagnoses included unspecified dementia, unspecified severity, with other behavioral disturbance.

Physician orders included mechanical soft diet (start date 11/13/2024).

ISP dated 11/01/2024
In the area of Eating/Meals (summarized):
Diet: supplement shakes with meals
Eats in the dining room
Is dependent with meals, eating and drinking
Needs encouragement with eating
The ISP did not address need for mechanical soft diet.

Example 3 Resident 5
Resident 5 was admitted 03/26/2024.

Incident Reports (summarized):
01/10/2025- Resident 5 reported that s/he had fallen out of bed when s/he reached over to answer the phone. S/he was able to get self off floor. Bruising noted to right hand and right side of buttocks. Resident complained of tailbone pain.

02/15/2025 8:00 AM- When Resident 5 was not in the dining room for breakfast as usual, CNA F went to his/her room and found him/her lying on the floor in the bathroom. Resident 5 was complaining of pain. Both eyes were swollen and bruised, and s/he had a gash in the corner of eye. Feces and blood were covering his/her entire face including mouth, and on the carpet leading

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to bathroom. Staff took Resident 5 to the shower room where s/he vomited. Hospice nurse assessed.

Incident Audit Report dated 02/15/2025 (summarized): Information from 02/15/2025 incident report repeated in audit report. Additionally, audit report stated Resident 5 was seen post fall on 02/17/2025 both eyes and right elbow bruised and laceration to bridge of nose. Resident was educated to use call pendant for assistance at night.

ISP dated 10/21/2024 (summarized):
In the area of Transferring- Independently transfers
In the area of Mobility- Ambulates independently with wheeled walker
In the area of Falls- Will be encouraged to call for assistance when needed (initiated 03/28/2024) and remind to call for assistance (initiated 03/28/2024).
Resident 5's ISP was not updated with new fall prevention interventions following falls with injuries 01/10/2025 and 02/15/2025.

On 02/26/2025 at 12:04 AM, Surveyor interviewed Manager A who stated caregivers have cheat sheets stating who gets what diet.

On 02/26/2025 at 1:54 PM, Surveyors discussed concern of ISP's not updated to include physician ordered therapeutic diets or additional fall prevention interventions with Manager A, Interim Administrator C, and Nurse Consultant D. Nurse Consultant D described a mechanical soft diet. Manager A stated Resident 5's ISP had not been updated because s/he had no previous falls.

Cross Reference:

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N 389	Continued From page 7 N0448 DHS 83.41(2)(a) Nutrition: Diet	N 389		
N 448	83.41(2)(a) Nutrition: diet. Diets. 1. The CBRF shall provide each resident with palatable food that meets the recommended dietary allowance based on current dietary guidelines for Americans and any special dietary needs of each resident. 2. The CBRF shall provide a therapeutic diet as ordered by a resident ' s physician. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure residents were provided physician ordered therapeutic diets for 3 of 3 residents reviewed. Resident 1 did not receive physician ordered thickened liquids. Resident 2 and Resident 3 did not receive physician ordered mechanical soft food. Findings include: The facility is licensed as a Class CNA (nonambulatory) CBRF able to serve up to 49 residents within the client groups of irreversible dementia/Alzheimer's. On 01/22/2025, the Department received a complaint regarding therapeutic diets. On 02/26/2025 at 9:05 AM, Surveyors observed Resident 1 in dining room eating breakfast.	N 448		

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Liquids consisted of 1 glass of apple juice. The apple juice was not thickened.

On 02/26/2025 at 9:17 AM, Surveyors observed a note taped to refrigerator in dining room stating Resident 1 was to have thick-nectar consistency, and Resident 2 and Resident 3 were to have mechanical soft diets.

On 02/26/2025 at 9:18 AM, Surveyor interviewed CNA B who stated caregivers thickened the liquids in the dining room, but special diet foods were prepared in kitchen and delivered to dining room. CNA B stated s/he did not know the note identifying diets was taped to refrigerator and no one had told him/her Resident 1 needed thickened liquids. CNA B stated s/he administered Resident 1's medications with thin water.

On 02/26/2025 at 12:29 PM, Surveyors observed Resident 1, Resident 2, and Resident 3 in the dining room.
Resident 1's liquids consisted of a glass of cranberry juice that was not thickened. Resident 2's and Resident 3's meals consisted of potato salad and bite sized cooked cabbage. The pieces of potatoes and cabbage were larger than 4 millimeters and the ground meat was not moistened.

On 02/26/2025 at approximately 12:35 PM, Surveyor showed Manager A Resident 1's cranberry juice, and Resident 2's and Resident 3's meals. Manager A stated Resident 1's cranberry juice was not thickened but was supposed to be. Manager A stated Resident 2's and Resident 3's meals were not mechanical soft.

On 02/26/2025, Surveyor reviewed Resident 1,

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N 448	Continued From page 9 Resident 2's and Resident 3's records. Example 1- Resident 1 Resident 1 was admitted 12/27/2024. Diagnoses included dysphagia and unspecified dementia, unspecified severity without behavior, psychotic, or mood disturbance. Physician Orders included general/regular diet, regular texture, nectar consistency (start date 12/27/2024). Assessment dated 12/30/2024: In the area of Dietary and Nutrition Management: " ...Diet order: regular [with] nectar thickening to all liquids ..." Individual Service Plan (ISP) dated 02/07/2025: In the area of Eating/Meals: " ...Diet: regular thick it to all liquids for nectar consistency Date Initiated: 01/02/2025 ..." Advanced Practice Nurse Prescriber (APNP) progress note dated 01/24/2025: " ...Hospital admission-discharge date and hospital name: Patient wassent [sic] to [name of hospital] January 16, 2025 in [sic] discharge [sic] January 21, 2025 due to acute febrile illness. Discharge diagnoses include, [sic] Possible [sic] pneumonia, Sepsis-bacteremia, lung mass likely malignant ...Dysphasia ...Family is concerned that [s/he] was given thin liquids, which caused pneumonia ...patient does remain on thickened liquids ...Lung mass, noted possibly [sic] enlarging on imaging. Lung mass noted on prior imaging ...Dysphagia, unspecified*: Noted during hospitalization. Completed course of Augmentin ..." Example 2 Resident 2	N 448		

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N 448	Continued From page 10 Resident 2 was admitted 12/20/2022. Diagnoses included unspecified dementia. Physician orders included general/regular diet, mechanical soft texture, thin consistency (start date 01/07/2025). Progress notes 01/06/2025 Type: Hospice Note " ...Changed to mechanical soft diet [due to] dysphasia, thin consistency liquids ..." 01/09/2025 Type: Hospice Note " ...appetite i,,proved [sic] with Mechanical [sic] soft diet ..." 01/13/2025 Type: Hospice Note " ...Taking long periods to chew food.and [sic] does take pt ~ 1 hour to eat a meal. Pt chews and chews. Pt having increased difficulty swallowing. Pt is on mechanical soft diet ...Spoke with [Manager A] ..." 01/29/2025 Type: Hospice Note " ...pt [sic] is on mechanical soft diet ..." 02/04/2025 Type: Hospice Note " ...PT on mechanical soft diet ..." ISP dated 01/10/2025 did not address need for mechanical soft textured diet. Example 3 Resident 3- Resident 3 was admitted 04/22/2019. Diagnoses included unspecified dementia, unspecified severity, with other behavioral disturbance. Physician orders included mechanical soft diet (start date 11/13/2024). ISP dated 11/01/2024 was not updated to address need for mechanical soft textured diet. On 02/26/2025 at 1:54 PM, Surveyors discussed concern of residents not receiving physician ordered therapeutic diets with Manager A, Interim	N 448		

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N 448	Continued From page 11 Administrator C, and Nurse Consultant D. Manager A stated therapeutic diets are sent over from the kitchen. Nurse Consultant D stated mechanical soft diet was equivalent to minced and moist diet in the IDDSI [International Dysphagia Diet Standardization Initiative] diets. According to the National Dietetic Association's International Dysphagia Diet Standardization Initiative (IDDSI), "Level 5 Minced & Moist Food for Adults ...Meat served finely minced or chopped to 4mm lump size served in a thick, smooth, non-pouring sauce or gravy ...Vegetables cooked, finely mashed or use a blender to finely chop it into to 4mm lump size pieces (drain any excess liquid) ..." (Source: https://swallowingdisorderfoundation.com/wp-content/uploads/2011/06/mech-altered-breakdown.pdf (retrieval date: 03/06/2025)). Cross Reference: N0389 DHS 83.35(3)(d) Service Plans Updated Annually Or On Changes	N 448		