STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018369	A. BUILDING: _____ B. WING _____	11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGENCY BROOKFIELD MEMORY CARE	777 NORTH BROOKFIELD ROAD BROOKFIELD, WI 53045

(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 11/02/2023, the Bureau of Assisted Living, Southern Regional Office conducted a standard licensing survey at Regency Brookfield Memory Care, located at 777 North Brookfield Road in Brookfield, WI. One citation of noncompliance were issued. Census: 11	N 000		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure an assessment was completed upon the implementation of a transfer device on Resident 1's bed. The findings include: On 11/02/2023 at approximately 11:10 A.M., Director B and Surveyor toured the facility, including Resident 1's bedroom. Surveyor	N 381		

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

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N 381	Continued From page 1	N 381		

observed a quarter length rail attached to the upper right, open side of Resident 1's bed. Director B demonstrated the bed rail was easily movable and bent outward when placing pressure on the inside edge of the rail. Director B told Surveyor the bed rail was not permanently attached to Resident 1's bed. Director B told Surveyor Resident 1 utilized the bed rail for support when assisted out of bed by caregivers during pivot transfers, but s/he was not aware of the rail's existence until this observation and did not know how long it been utilized on Resident 1's bed. Director B told Surveyor s/he wondered if Resident 1's family had attached it to Resident 1's bed because it was not something the facility would have provided for Resident 1. Director B told Surveyor s/he would have been responsible for assessing the bed rail and no assessment had been completed for use of the side rail because s/he was not aware of its existence.

On 11/02/2023 at approximately 11:56 A.M., Surveyor conducted an interview with Caregiver C. Caregiver C told Surveyor s/he could not recall how long the bed rail had been attached to Resident 1's bed and did not know who attached it to his/her bed. Caregiver C told Surveyor the facility's Previous Supervisor D told the caregivers about Resident 1's bed rail in the early summer months of 2023. Caregiver C said the bed rail was placed when Resident 1 required more assistance with transfers in and out of bed. Caregiver C told Surveyor Resident 1 also uses the bed rail to boost self up in bed. Caregiver C told Surveyor Resident 1's bed is equipped with an alarm to let caregivers know when Resident 1 was attempting to transfer out of bed without assistance.
Immediately following this interview, Surveyor observed Caregiver C assist Resident 1 with a

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N 381	Continued From page 2 pivot transfer from a wheelchair to a toilet in a bathroom located near the facility's dining room. On 11/02/2023 at approximately 1:30 P.M., Administrator A, Director B, and Surveyor reviewed Resident 1's record, as provided by Administrator A and Director B. Resident 1 was admitted to the facility on 05/25/2022 and had diagnoses including dementia and arthritis. Resident 1's "Resident Evacuation Assessment" dated 07/27/2023 included, "[Resident 1] needs help to get out of bed" circled within the documentation. Resident 1's current individual service plan (ISP) dated 07/30/2023 included Resident 1 required "hands on assistance" by caregivers with mobility and ambulation and one person assistance with transfers. Administrator A and Director B told Surveyor the implementation the rail on Resident 1's bed was not documented within an assessment and not included within Resident 1's ISP because Administrator A and Director B were not aware of the device being used on Resident 1's bed. Director B told Surveyor Previous Supervisor D did not tell Director B about the rail being used on Resident 1's bed before Previous Supervisor D employment was terminated in June 2023. Surveyor observed a quarter bed rail on the floor of the facility's welcome center/conference room. Administrator A and Director B told Surveyor they removed the rail device from Resident 1's bed and would be assessing the need for a device on Resident 1's bed.	N 381		