STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018396	A. BUILDING: _____ B. WING _____	R-C 03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMEIRA ORCHIDS ASSISTED LIVING	**10401 WEST BRADLEY ROAD MILWAUKEE, WI 53224**

(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 03/06/2025, Surveyor conducted a verification visit and 3 complaint investigations at Ameira Orchids Assisted Living. Two deficiencies were identified. Two complaints were substantiated. One complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 48	{N 000}		
N 218	83.16(2) Resident care staff at least 18 years old Resident care staff shall be at least 18 years old. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 4 staff members reviewed (Caregiver M) was 18 years old when hired to work as a caregiver in the facility. The licensee did not request a waiver from the Department. Findings include: On 02/24/2025 at approximately 11:30 AM, Surveyor completed an off-site review of the Department's e-file. Surveyor did not observe an approved waiver allowing any minors to work in the Community Based Residential Facility (CBRF). On 03/06/2025 at approximately 1:00 PM, Surveyor reviewed Caregiver M's records. Caregiver M was hired on 10/07/2024. Caregiver M's date of birth is 04/2007. Caregiver M was 17 years old at the time s/he was hired.	N 218		

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
	0018396	A. BUILDING: _____ B. WING _____	R-C 03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMEIRA ORCHIDS ASSISTED LIVING	10401 WEST BRADLEY ROAD MILWAUKEE, WI 53224

(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 218	Continued From page 1 On 03/06/2025 at approximately 3:00 PM, Surveyor interviewed Quality Care Coordinator B, who reported Caregiver M was hired as part of the High School apprenticeship program in 2024. All students completed CBRF training prior to working with residents. Quality Care Coordinator B was not aware a waiver was needed prior to allowing caregivers under the age of 18 to work with residents. Quality Care Coordinator B agreed to remove Caregiver M from the schedule until receiving a waiver or Caregiver M turned 18.	N 218		
N 355	83.32(3)(k) Rights of Residents: Self-determination In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Self-determination. Make decisions relating to care, activities, daily routines and other aspects of life which enhance the resident ' s self reliance and support the resident ' s autonomy and decision making. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident's (Resident 13's) right to self-determination, and to make decisions related to care, activity, daily routine and other aspects of life which enhance the resident's self-reliance and support his/her autonomy and decision making. On 02/19/2025, Provider did not allow Resident 13 to return to facility from his/her hospital visit. Resident 13 was denied access to his/her room at the facility. On 02/19/2025, Resident 1 was transported back to Froedtert hospital, which	N 355		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018396	A. BUILDING: _____ B. WING _____	R-C 03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMEIRA ORCHIDS ASSISTED LIVING	10401 WEST BRADLEY ROAD MILWAUKEE, WI 53224

(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 355	Continued From page 2 resulted in Resident 13 sitting in the emergency room for 3 hours before another hospital room became available. Findings include: On 02/19/2025, the Department received a complaint regarding resident care. On 03/06/2025, at approximately 9:15 AM, Surveyor reviewed Resident 13's record. Resident 13 was admitted to the facility on 02/09/2024. Resident 13 was listed as his/her own person. Resident 13's Individual Service Plan (ISP), dated 03/04/2024, indicated Resident 13 was diagnosed with but not limited to: major depressive disorder, anxiety disorder, multiple sclerosis, epilepsy unspecified, essential hypertension, paint in right hip, pain in right shoulder, low back pain, muscle weakness, neuromuscular dysfunction of the bladder, other abnormalities of gait and mobility, other artificial openings of urinary tract status, need for assistance with personal care, presence of right artificial hip joint, abnormal posture and dependence on wheel chair. Resident 13's ISP was documented as Resident 13 makes his/her needs know under the section of "Capacity For Self-Direction". On 03/06/2025, at approximately 12:19 PM, Surveyor reviewed Resident 13's after visit summary dated 02/18/2025. Resident 13 was seen at Froedtert Hospital emergency department for a catheter change and dysuria. A urine culture was completed, and Resident 13 was diagnosed with a urinary tract infection. Resident 13 was given a new prescription to treat the urinary tract infection and sent back to the facility via ambulance.	N 355		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018396	A. BUILDING: _____ B. WING _____	R-C 03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMEIRA ORCHIDS ASSISTED LIVING	10401 WEST BRADLEY ROAD MILWAUKEE, WI 53224

(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 355	Continued From page 3 On 03/06/2025, at approximately 12:30 PM, Surveyor reviewed the facility's Incident Report, dated 02/19/2025, with a timestamp of 12:25 AM. The incident report indicated Resident 13 was not allowed to return to the facility as Registered Nurse (RN) K did not receive the discharge summary information from Froedtert Hospital prior to Resident 13's return to the facility. Per the incident report, RN K did not accept Resident 13 back due to "not having proper notification or communication on [Resident 13's] condition it would be unsafe for staff and the resident to accept [him/her] back at this time without an update of [his/her] condition and what interventions were done." The incident report indicated RN K received a phone call from Froedtert Hospital main campus on 02/19/2025 at 7:16 AM and a report was given on Resident 13. Resident 13 was then allowed to return to the facility on 02/19/2025. On 03/06/2025, at approximately 1:00 PM, Surveyor interviewed Resident 13. Resident 13 reported s/he was transported to Froedtert Hospital as his/her catheter was dislodged. Resident 13 reported s/he arrived at Froedtert on 02/18/2025 at approximately 9:30 AM. Resident 13 reported there was some difficulty with replacing his/her catheter at the hospital. Resident 13 reported s/he was given instructions on how to care for the catheter after it was replaced and was informed that s/he had a urinary tract infection. Resident 13 reported s/he was transported back to the facility around or close to midnight. Resident 13 reported s/he was denied access to his/her room. Resident 13 reported a 3rd shift caregiver stood in front of his/her room and locked the door. Resident 13 reported RN K refused to allow him/her back into	N 355		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018396	A. BUILDING: _____ B. WING _____	R-C 03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMEIRA ORCHIDS ASSISTED LIVING	10401 WEST BRADLEY ROAD MILWAUKEE, WI 53224

(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 355	Continued From page 4 his/her room because the hospital did not provide discharge information prior to Resident 13's return to the facility. On 03/06/2025, at approximately 2:15 PM, Surveyor interviewed Licensee A, Care Coordinator H, and Enrichment Director J. Licensee A reported s/he was made aware of Resident 13 not being allowed back into the facility. Surveyor asked Licensee A to explain the protocol for when a resident goes to the hospital and returns to the facility. Licensee A reported the on-call nurse normally receives documentation or a phone call about the discharge prior to the resident returning to the facility. Surveyor asked Licensee A if RN K called the hospital to obtain the report before sending the resident back to the hospital. Licensee A reported RN K made an attempt to call the hospital; however, no one at the hospital could provide RN K with the discharge summary report for Resident 13. Licensee A reported s/he did not agree with the outcome of incident. Licensee A reported s/he would educate the facility staff on what to do when residents return from the hospital without an after-visit summary.	N 355		