STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	110304	A. BUILDING: _____ B. WING _____	01/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE MIDDLETON STONEFIELD	6701 STONEFIELD RD MIDDLETON, WI 53562

(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 01/12/2026, Surveyor conducted a standard survey at Brookdale Middleton Stonefield, a CBRF in Middleton. Four deficiencies were identified. One deficiency was a repeat deficiency - See Statement of Deficiency (SOD) 7B3I11, dated 12/06/2021 and SOD OSP211, dated 08/14/2023. Census: 30	N 000		
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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 individual service plans (ISP) reviewed was updated when there was a change in resident's needs. Resident 1's ISP was not updated to include his/her behaviors.	N 389		

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

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N 389	Continued From page 1 This is a repeat deficiency. See Statement of Deficiency (SOD) 7B3I11, dated 12/06/2021 and SOD OSP211, dated 08/14/2023. Findings include: On 01/12/2026 at approximately 10:00 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 09/20/2023 with diagnosis of vascular dementia. Resident 1's ISP, dated 01/10/2025, documented that Resident 1 demonstrated anxious, disruptive or obsessive behaviors requiring attention. The ISP stated, "[Resident 1] has not had any behaviors around food since starting on Paxil, [s/he] is no longer showing inappropriate behavior with [gender] residents. [Resident 1] likes to whistle and clap, sometimes [s/he] is impulsive and lacks safety awareness and forgets [s/he] isn't able to stand. [Resident 1] is pleasant and social." Resident 1's progress notes, dated 10/01/2025 to 01/12/2026, documented the following behavioral concerns: - 11/20/2025: Resident experienced increased agitation and aggression. Around 4:00 p.m., resident began yelling out, stated s/he was going to hurt or kill others and began laughing hysterically. Resident was administered PRN medication, which was ineffective. At approximately 8:00 p.m., resident rolled up a magazine and hit another resident over the head. Resident was removed from the common area and provided 1:1 care. While receiving 1:1 care, resident twisted staff's wrist. Law enforcement was called. Private ambulance transferred resident to hospital for evaluation. Resident returned to the facility with no new orders. - 11/25/2025: Resident was verbally threatening to	N 389		

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N 389	Continued From page 2	N 389		

staff and other residents after dinner. Resident pushed back at staff when staff attempted to redirect resident. While staff offered redirection, resident slapped caregiver in the face and grabbed the caregiver's arm.
- 11/26/2025: Resident was heard shouting and interacting with another resident; "shoving and grabbing at each other." Residents were separated and redirected.
- 12/02/2025: Resident became agitated and wheeled around the facility clapping, whistling and yelling at staff. Resident was not redirectable and given a PRN Lorazepam. Resident grabbed at another resident's wrist.
- 12/08/2025: Resident was noted to become aggressive and agitated again on 12/07/2025 PM shift. Redirection was not effective. PRN Lorazepam and Quetiapine were not effective. Resident was given 1:1 by caregiver and space away from others and later calmed down.
- 01/12/2026: Resident continued throughout the weekend to have behaviors of yelling out at other residents, exiting from wheelchair on his/her own, pushing other resident wheelchairs and yelling at staff. PRN Lorazepam was administered as advised by physician. Physician contacted this AM with update and request to review behaviors and medications.

On 01/12/2026 at 11:15 a.m., Surveyor interviewed Caregiver C. Caregiver C stated Resident 1 had a history of verbal and physical aggression, which Caregiver C often called family to assist with management. Caregiver C stated Resident 1 also had a history of making inappropriate sexual comments to caregivers in the evenings and inappropriate comments or sounds while washing up.

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N 389	Continued From page 3 On 01/12/2026 at 12:45 p.m., Surveyor reviewed concern with Administrator A and RN B that Resident 1's ISP was not updated to include his/her behaviors of verbal aggression, physical aggression and sexually inappropriate behavior. Administrator A stated s/he would describe Resident 1 as a "flirt," but didn't know s/he was inappropriate during cares. RN B stated Administrator A just returned 01/12/2026 from several months off and RN B had a leave of absence last year as well so they were just catching up on records and would update Resident 1's ISP.	N 389		
N 407	83.37(1)(h) Scheduled psychotropic medications. Scheduled psychotropic medications. When a psychotropic medication is prescribed for a resident, the CBRF shall do all of the following: 1. Ensure the resident is reassessed by a pharmacist, practitioner or registered nurse, as needed, but at least quarterly for the desired responses and possible side effects of the medication. The results of the assessments shall be documented in the resident ' s record as required under s. HFS 83.42(1)(q). 2. Ensure all resident care staff understands the potential benefits and side effects of the medication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed that received scheduled psychotropic medications had all scheduled psychotropic medications reviewed	N 407		

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N 407	Continued From page 4 at least quarterly for the desired response and possible side effects of the medication. Resident 1 and Resident 2's Escitalopram Oxalate use was not reviewed. Findings include: On 01/12/2026 at approximately 10:00 a.m., Surveyor reviewed resident records and identified the following concerns: Example 1 - Resident 1: Resident 1 was admitted to the provider's facility on 09/20/2023 with diagnosis of vascular dementia. Resident 1's physician orders included Escitalopram Oxalate 20 mg (Start Date: 09/21/2023) - Give 1 tablet daily for depression. Resident 1's psychotropic reviews, dated 01/01/2025 to 01/12/2026, did not include a review Resident 1's Escitalopram Oxalate use. Example 2 - Resident 2: Resident 2 was admitted to the provider's facility on 09/15/2025 and discharged on 01/03/2026. Resident 2's physician orders included Escitalopram Oxalate 20 mg (Start Date: 09/16/2025) - Give 1 tablet daily for cognitive impairment related to uncertain or unknown etiology. Resident 2's psychotropic reviews, dated 09/15/2025 to 01/03/2026, did not include a review Resident 2's Escitalopram Oxalate use. On 01/12/2026 at approximately 12:45 p.m., Surveyor reviewed concern with Administrator A and RN B that Resident 1 and Resident 2's	N 407		

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N 407	Continued From page 5 Escitalopram Oxalate use was not reviewed with their scheduled psychotropic reviews. RN B made a note to him/herself to complete a review of Resident 1 and Resident 2's Escitalopram Oxalate use.	N 407		
N 408	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents reviewed that received a PRN psychotropic medication had the rationale for use and detailed description of behaviors which indicated the need for	N 408		

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N 408	Continued From page 6 administration of the PRN medication documented in their individual service plan (ISP). Resident 1's ISP did not include a detailed description of behaviors that indicated the need for administration of his/her Lorazepam PRN or Quetiapine PRN. Findings include: On 01/12/2026 at approximately 10:00 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 09/20/2023 with diagnosis of vascular dementia. Resident 1's physician orders included Lorazepam .5 mg (Start Date: 02/14/2024) - Give 1 tablet by mouth every 4 hours as needed for anxiety or agitation; hospice comfort medication and Quetiapine 25 mg (Start Date: 12/05/2025) - Give 1 tablet every 12 hours as needed for agitation/aggression. Resident 1's medication administration record (MAR), dated 12/01/2025 to 01/12/2026, documented 21 administrations of Lorazepam PRN and 19 administrations of his/her Quetiapine PRN. Resident 1's ISP, dated 01/10/2025, stated s/he had PRN Lorazepam as a hospice comfort pack. The ISP documented that Resident 1 demonstrated anxious, disruptive or obsessive behaviors requiring attention and further stated, "[Resident 1] has not had any behaviors around food since starting on Paxil, [s/he] is no longer showing inappropriate behavior with [gender] residents. [Resident 1] likes to whistle and clap, sometimes [s/he] is impulsive and lacks safety awareness and forgets [s/he] isn't able to stand. [Resident 1] is pleasant and social." The ISP did not include Resident 1's Quetiapine PRN and did not give a detailed description of behaviors which indicated the need for administration of Quetiapine PRN or Lorazepam PRN.	N 408		

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N 408	Continued From page 7 On 01/12/2026 at 12:45 p.m., Surveyor reviewed concern with Administrator A and RN B that Resident 1's ISP did not include behaviors that indicated the need for his/her PRN psychotropic medications. RN B stated Administrator A just returned 01/12/2026 from several months off and RN B had a leave of absence last year as well so they were just catching up on records and would update Resident 1's ISP.	N 408		
N 530	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the CBRF was inspected annually by the local fire authority or a certified fire inspector. The facility had not had a fire inspection since 02/08/2024. Findings include: On 01/12/2026 at 9:00 a.m., Surveyor reviewed the provider's environmental records with Maintenance D. Records included documentation of a fire inspection, dated 02/08/2024. Records did not include documentation of a fire inspection completed in the past year. On 01/12/2026 at 10:00 a.m., Maintenance D	N 530		

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N 530	Continued From page 8 confirmed s/he was unable to locate documentation of a fire inspection completed in 2025. Maintenance D stated s/he would contact the local fire department to schedule an inspection.	N 530		