STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016898	A. BUILDING: _____ B. WING _____	C 03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUITES AT GREENFIELD (THE)	5790 S 27TH ST MILWAUKEE, WI 53221

(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 standard survey and two complaint investigations at The Suites at Greenfield, a Community-Based Residential Facility (CBRF) in Milwaukee, WI. Six deficiencies identified. Two of 2 complaints unsubstantiated. Census: 38	N 000		
N 301	83.28(3) Provide admission agreement as required. Admission agreement. Before or at the time of admission, the CBRF shall provide the admission agreement as required under s. DHS 83.29(2). This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not provide an admission agreements for 1 of 1 resident reviewed (Resident 1). Findings include: On 03/06/2025 at approximately 10:30 AM, Surveyor reviewed Resident 1's record. Surveyor identified the following: -Resident 1 was admitted on 10/21/2024 and his/her record did not contain evidence of an admission agreement. On 03/06/2025 at approximately 12:30 PM, Surveyor interviewed Wellness Director A and Administrator B. Wellness Director A stated Resident 1 refused to sign his/her admission	N 301		

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

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N 301	Continued From page 1 paperwork. Wellness Director A and Administrator B stated moving forward they will document resident's refusal and have a witness to sign from the facility as well.	N 301		
N 305	83.28(6) Resident rights, grievance procedure, rules Resident rights, grievance procedure, and house rules. Before or at the time of admission, the CBRF shall provide and explain resident rights, the house rules of the CBRF as required under s. DHS 83.32 (2), and the grievance procedure, including written information regarding the names, addresses and telephone numbers of all resident advocacy groups serving the client groups in the facility, including the long term care ombudsman program and the protection and advocacy services of Disability Rights Wisconsin, Inc. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not provide resident rights, grievance procedures and house rules before or upon admission for 1 of 1 resident reviewed (Resident 1). Findings include: On 03/06/2025 at approximately 11:00 AM, Surveyor requested to review Resident 1's record. Surveyor identified the following: -Resident 1 was admitted on 10/21/2024 and his/her record did not contain evidence of Resident 1 being provided with resident rights,	N 305		

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N 305	Continued From page 2 grievance procedures and house rules before or upon admission. On 03/06/2025 at approximately 12:30 PM, Surveyor interviewed Wellness Director A and Administrator B. Wellness Director A stated Resident 1 refused to sign his/her admission paperwork. Wellness Director A and Administrator B stated moving forward they will document resident's refusal and have a witness to sign from the facility as well.	N 305		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not involve 1 of 1 resident reviewed (Resident 1) and the resident's legal	N 387		

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N 387	Continued From page 3 representative, as appropriate, in developing the individual service plan (ISP) and did not have the plan signed acknowledging their involvement in, understanding of, and agreement with the plan. Findings include: On 03/06/2025, Surveyors reviewed Resident 1's record. Surveyor identified the following: -Resident 1 was admitted to the facility on 10/21/2024. -Resident 1 was his/her own person upon admission. -Resident 1's current ISP was dated 10/21/2024 with no resident signature. On 03/06/2025 at approximately 12:30 PM, Surveyor interviewed Wellness Director A and Administrator B. Wellness Director A stated Resident 1 refused to sign his/her ISP upon admission. Wellness Director A and Administrator B stated moving forward they will document resident's refusal and have a witness to sign from the facility as well.	N 387		
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	N 389		

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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 staff interview, the provider did not update the Individual Service Plan (ISP) when 1 of 1 resident (Resident 1) had a change in condition. Resident 1's behaviors increased and s/he needed to have two people at all times for cares.

Findings include:

On 03/06/2025, Surveyors reviewed Resident 1's record. Surveyors identified the following:

-Resident 1 was admitted to the facility on 10/21/2024.
-Resident 1's current ISP was dated 10/21/2024 and stated the following:
"-Targeted behavior: anxiety"
"-Challenging behavior: yes"
"-Interventions: calmly redirect resident when anxious, offer to call son.
"-Transfers: 1-person SBA [Stand-by assist]"

-Resident 1's ISP was updated on 10/23/2024 and stated the following:
"-Use buddy system when interacting with resident."

Resident 1's progress notes stated the following:
"-11/22/2024: When approached by wellness director to talk about [his/her] pills. Wellness Director went to residents [sic] room, resident started to yell when [s/he] stated [s/he] was coughing up phlegm. Wellness Director offered

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two different alternatives to better assist resident. Resident started to scream historically [sic] when Wellness Director directed writer to take vitals."
"-11/25/2024: Quetiapine Fumarate Oral Tablet 25 milligrams (MG). Give 12.5 mg by mouth two times a day for anxiety. Resident refused 3 times. Resident refused med stating it makes [him/her] feel drowsy."
"-11/27/2024: During resident's med pass, resident was yelling at the wellness director about [his/her] medication. Wellness Director directed resident to go to [his/her] room and [s/he] will explain [his/her] medications to [him/her], resident refused. Resident continued to antagonize wellness director stating how horrible [s/he] was."
"-12/20/2024: Resident was mimicking staff when asked did [s/he] want [his/her] shower. Resident started yell at staff about [his/her] medications after being told that the NP [nurse practitioner] would get back to [him/her] with a follow up to [his/her] questions and concerns."
"-12/11/2024 SOB/ER: Writer entered room to request [daughter/son's] phone number. Resident stated, 'what do you want my [daughter/son's] phone number for', writer explained that the phone number was needed to discuss some medication changes that were made, get some paperwork signed and also discuss some incidents that have been happening at the facility. Resident stated, 'no you better not call my [daughter/son]', resident became extremely upset started to yell, then started coughing, face was turning red. Pulse ox was immediately placed on resident, the reading was 92% when first placed on. Writer was present with staff and resident, the pulse ox quickly jumped to 93% then 94%. Resident started to calm down, writer informed resident that writer was going to the nurse's station to call the ambulance. Staff stayed with resident, writer

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was on the phone with ambulance while resident could be heard yelling, 'aren't you a nurse, oh what a nurse you are leaving me to call the ambulance.' Writer heard staff asking [Resident 1] to calm down and not work [him/herself] up, resident propelled self out of apartment with staff following. Resident was yelling in the hallway by the nurse's station, help help I cannot breathe, the paramedics are not here yet and I cannot breathe. Resident continued to [sic] a disturbance in the common area yelling out at staff asking the same questions over and over. Paramedics arrived; resident was still yelling at this point. Resident was placed on stretcher by paramedics, as they rolled [him/her] away, [s/he] was yelling out demanding an answer for question that was already answered."
"-12/11/2024 Hospital: Writer received report that resident will be returning to facility. RN (registered nurse) stated resident presented very anxious with complaints of difficulty swallowing and occasional respiratory stridor when [s/he] gets anxious. Resident noted having a build-up of oral secretions. CT (computed tomography) of chest, head and neck was clean, troponin was good. Resident was noted being very anxious and would benefit from Ativan. Anxiolytics and benzodiazepines were discussed with resident. Resident declined all recommended treatment. On call MD (medical doctor) from GI (gastroenterology) stated that patient could be admitted to Zenker's diverticulum in [his/her] esophagus that is likely causing some symptoms. MD stated admitting is unlikely to have any benefit at this time. Referral was place for GI clinic."
"-12/12/2024: While mopping the kitchen and common areas, the resident came out of [his/her] room and watched the entire time, taunting staff on how mopping should be done and what areas

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was missed. This continued the whole time noc (night) shift cleaned the common areas. Resident taunts the staff about having their coworkers in the room with them as witness."
"-12/12/2024: Resident came to the nurses station yelling at staff for not putting [his/her] clothes in [his/her] room on noc shift to put the clothes away that were just washed. Staff has been directed by the resident to not come in [his/her] room after PM to do any ask outside of every two hour rounds. A WI (Wisconsin) diagnostic lab employee was present drawing a residents blood when [s/he] witnessed resident taunting staff, yelling at staff and also laughing at staff, this continued for hours, even going to get [his/her] neighbor to come out of [his/her] room and join [him/her]. Both residents yelled at staff for hours. Staff updated the wellness director who was coming to work immediately to attempt to settle resident down."
"-12/19/2024: Writer was alerted that resident was having difficulties breathing. Writer and staff immediately went to resident room placed resident on pulse ox reading was 88%. Resident was breathing deeply, writer noted an excess amount of secretions, resident was spitting secretions in a cup. Writer directed ... to call 911 and request paramedics to transport resident. Resident started yelling at writer and staff stating, 'do not call the paramedics', 'I am not going', 'I will only go if I can go to the hospital, I am not sitting in the emergency room.' Paramedics arrived, also encouraging resident to go to the ER. Resident finally agreed with being out for evaluation."
"-12/20/2024: Update on resident: Writer spoke with RN requesting update on resident who was admitted for L (left) lower lobe PNA (pneumonia) and swallowing difficulties. Resident is being treated with IV (intravenous) antibiotics, was seen

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N 389	Continued From page 8 by speech, has a EGD (esophagogastroduodenoscopy) on Monday." On 03/06/2025 at approximately 1:00 PM, Surveyor interviewed Wellness Director A and Administrator B. Wellness Director A stated Resident 1 would accuse staff of not giving medications and not giving showers. Wellness Director A stated s/he implemented a buddy program on 10/23/2024 which was two days after Resident 1 was admitted. Surveyor asked Wellness Director A if s/he updated Resident 1's care plan after 10/23/2024. Wellness Director A stated, "no." Surveyor asked Wellness Director A if Resident 1's ISP identified Resident 1's behaviors that were documented in the progress notes from his/her admission. Wellness Director A stated s/he had identified Resident 1 could become anxious. Surveyor asked if Resident 1's yelling behaviors and staff accusations were identified in his/her care plan. Wellness Director A stated, "no," s/he had only documented them in the progress notes.	N 389		
N 419	83.37(3)(c) Medication storage: locked cabinet. Administered by facility. The CBRF shall keep medicine cabinets locked and the key available only to personnel identified by the CBRF. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure medications administered by the facility were kept locked for 1 of 1 storage area. Findings include: The facility is licensed as a class CNA (non-ambulatory) facility for 49 residents with	N 419		

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programs in advanced age, emotionally disturbed/mental illness, physically disabled, and irreversible dementia/Alzheimer's. On the day of survey, the census was 38 residents.

On 03/06/2025 at 9:30 AM, Surveyor toured the building with Resident Care Coordinator (RCC) C. Surveyor observed an office door on the south side wide open with 5 cardboard boxes filled with monthly medication overflow punch cards for all residents. Surveyor observed approximately 9,000 pills in the office that was not kept in a locked storage area. Surveyor observed residents moving freely throughout the facility.

On 03/06/2025 at 9:35 AM, Surveyor interviewed RCC C. RCC C stated the south side and north side of the building have two caregivers for each shift. RCC C stated one of the caregivers is the med passer and the other caregiver helps with cares. RCC C stated the current medications are in the med cart and all the overflow or extra meds for the residents are kept in the office. RCC C stated they can close the door but there is not a lock for the door, so the door is left unlocked 24/7.

On 03/06/2025 at 1:00 PM, Surveyor interviewed Wellness Director A and Administrator B. Administrator B stated the office should have been locked at all times if medications are stored in there. Administrator B stated to Wellness Director A that the office is not a med room and no medications should be in that room. Administrator B stated medications should be locked at all times and all medications would be moved out of the office.

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N 526	Continued From page 10	N 526		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct 2 of 2 required other evacuation drills at least semi-annually for calendar year 2024. Findings include: On 03/06/2025, Surveyor requested to review other evacuation drills for calendar year 2024. There was no evidence of other evacuation drills completed for calendar year 2024. On 03/06/2025, Surveyor interviewed Wellness Director A and Administrator B and asked if there were any other evacuation drills conducted in calendar year 2024. Wellness Director A stated s/he did not complete any other evacuation drills in 2024. Wellness Director A and Administrator B stated they will let the Maintenance Director know these drills need to be completed semi-annually moving forward.	N 526		