STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009132	A. BUILDING: _____ B. WING _____	09/25/2025

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SKY RESIDENTIAL BROOKSIDE	2405 S BROOKSIDE PKWY NEW BERLIN, WI 53151

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N 000	Initial Comments On 09/23/2025 with information gathered through 09/25/2025, Surveyor conducted a standard survey at Sky Residential Brookside. Six deficiencies were identified. Census: 7	N 000		
N 344	83.32(2)(b) Post resident rights, grievance procedure Explanation of resident rights, grievance procedure, and house rules. The CBRF shall post copies of resident rights, grievance procedure and house rules in a prominent public place available to residents, employees and guests. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a copy of the grievance procedure was posted in a prominent public place available to residents, employees and guests. Findings include: The facility is licensed as a Class CNA (nonambulatory) CBRF able to serve up to 8 residents within the client groups of alcohol/drug dependent, irreversible dementia/Alzheimer's, emotionally disturbed/mental illness, traumatic brain injury, terminally ill, advanced aged, physically disabled and developmentally disabled. On 09/23/2025 at 10:53 AM, while touring facility with Caregiver C, Surveyor observed the grievance procedure was posted in the back hallway near door to the garage. A tall dresser was stored against the wall under the grievance	N 344		

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

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N 344	Continued From page 1 procedure, making it difficult to read it. On 09/23/2025 at 8:54 PM, Surveyor emailed President A and Community Living Coordinator B notifying them of concern with grievance procedure posting. On 09/25/2025 at 12:00 PM, Surveyor discussed concern regarding the grievance procedure posting with President A and Community Living Coordinator B. Community Living Coordinator B stated maintenance put the dresser in the hall during a recent resident move and s/he would ensure the grievance procedure was more accessible to residents. Cross Reference: N0359 DHS 83.33.(1)(a) Grievance Procedure: Information Required N0365 DHS 83.33(4) Posting Of Long Term Care Ombudsman Program	N 344		
N 359	83.33(1)(a) Grievance procedure: information required A resident or any individual on behalf of the resident may file a grievance with the CBRF, the department, the resident ' s case manager, if any, the board on aging and long term care, Disability Rights Wisconsin, Inc., or any other organization providing advocacy assistance. The resident and the resident ' s legal representative shall have the right to advocate throughout the grievance procedure. The written grievance procedure shall include the name, address and phone number of organizations providing advocacy for the client groups served, and the name, address and phone number of the department ' s regional office that licenses the CBRF.	N 359		

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N 359	Continued From page 2	N 359		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure the written grievance procedure included the address and phone number of the department s regional office that licenses the CBRF.

Findings include:

The facility is licensed as a Class CNA (nonambulatory) CBRF able to serve up to 8 residents within the client groups of alcohol/drug dependent, irreversible dementia/Alzheimer's, emotionally disturbed/mental illness, traumatic brain injury, terminally ill, advanced aged, physically disabled and developmentally disabled.

On 09/24/2025, Surveyor reviewed Resident 2's Admission Agreement dated 05/28/2025 (received from President A via email on 09/24/2025 at 4:56 PM.)

The admission agreement included a grievance/complaint policy and procedure addendum listing the Department of Quality Assurance (DQA) Bureau of Assisted Living's (BAL) Northeastern Regional Office with address 1325 South Broadway De Pere, WI 54115, phone number 920-983-3200 and fax 920-983-3201. (Note: The facility is located in the DQA/BAL's Southern Region (address PO Box 2969 Madison, WI 53701, phone number 608-264-9888 and fax number 608-264-9889.)

On 09/25/2025 at 12:00 PM, Surveyor discussed

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N 359	Continued From page 3 concern regarding grievance procedure's incorrect contact information with President A and Community Living Coordinator B. Community Living Coordinator B stated s/he would update the grievance procedure right away. Cross Reference: N0344 DHS 83.32(2)(b) Post Resident Rights, Grievance Procedure N0365 DHS 83.33(4) Posting Of Long Term Care Ombudsman Program	N 359		
N 365	83.33(4) Posting of long term care ombudsman program The CBRF shall post in a conspicuous location in the CBRF a poster provided by the board on aging and long term care ombudsman program, concerning the long-term care ombudsman program under s. 16.009 (2)(b), Stats. The poster shall include the name, address and telephone number of the ombudsman ' s office. This requirement does not apply to those facilities exclusively licensed to serve clients under the jurisdiction of a government correctional agency. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a poster provided by the board on aging and long-term care ombudsman program was posted in a conspicuous location in the CBRF. Findings include: The facility is licensed as a Class CNA (nonambulatory) CBRF able to serve up to 8 residents within the client groups of alcohol/drug dependent, irreversible dementia/Alzheimer's,	N 365		

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N 365	Continued From page 4 emotionally disturbed/mental illness, traumatic brain injury, terminally ill, advanced aged, physically disabled and developmentally disabled. On 09/23/2025 at 10:53 AM, while touring facility with Caregiver C, Surveyor and Caregiver C were unable to locate the ombudsman poster. On 09/23/2025 at 11:03, Surveyor interviewed Community Living Coordinator B who stated the ombudsman poster should have been posted near the front entrance. On 09/25/2025 at 12:00 PM, Surveyor discussed concern regarding the ombudsman poster with President A and Community Living Coordinator B. Community Living Coordinator B stated they recently took the ombudsman poster to the staff office in basement for use during a staff training and would move it back upstairs as soon as possible. Cross Reference: N0344 DHS 83.32(2)(b) Post Resident Rights, Grievance Procedure N0359 DHS 83.33.(1)(a) Grievance Procedure: Information Required	N 365		
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	N 389		

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N 389	Continued From page 5	N 389		

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 the individual service plan (ISP) was updated when there was a change in the resident's needs for 1 of 2 residents reviewed.

Resident 1's ISP was not updated when s/he was started on diabetic medications.

Findings include:

On 09/242025, Surveyor reviewed Resident 1's record (received via email from President 1 on 09/24/2025 at 4:56 PM). S/he was admitted 04/17/2024. Diagnoses included type 2 diabetes mellitus.

Physician orders included glimepiride 1 MG take 1 tablet every day with first main meal (start date 03/19/2025).

According to Drugs.com, " ...Glimepiride is used together with diet and exercise to improve blood sugar control in adults with type 2 diabetes mellitus ..." (Source: https://www.drugs.com/mtm/glimepiride.html (retrieval date 09/30/2025)).

ISP dated 04/13/2025:
In the area of blood glucose testing- " ...Current Status: [Resident 1] is diabetic and requires BGL [blood glucose] testing 1 times [sic] per day every

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N 389	Continued From page 6 morning. [Resident 1] is not on any diabetes medications ..." On 09/25/2025 at 12:00 PM, Surveyor discussed concern of Resident 1's ISP not updated with President A and Community Living Coordinator B. President A stated s/he updated the ISP after Surveyor identified the issue and the glimepiride 1 MG order was discontinued on 09/25/2025.	N 389		
N 420	83.37(3)(d) Medication storage: refrigeration Refrigeration. Medications stored in a common refrigerator shall be properly labeled and stored in a locked box. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure medications stored in a common refrigerator were stored in a locked box. Findings include: The facility is licensed as a Class CNA (nonambulatory) CBRF able to serve up to 8 residents within the client groups of alcohol/drug dependent, irreversible dementia/Alzheimer's, emotionally disturbed/mental illness, traumatic brain injury, terminally ill, advanced aged, physically disabled and developmentally disabled. On 09/23/2025 at 10:30 AM, Surveyor inspected the kitchen's refrigerator and observed an unlocked box containing 1 bubble pack of Florajen 20 billion capsules for Resident 1, 1 box of Lantus Solostar 100 U/ML insulin pens for Resident 2, and 1 box of Gvoke hypopen 1 MG/0.2 ML single dose auto injector pens for Resident 3.	N 420		

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N 420	Continued From page 7 On 09/23/2025 at 10:34 AM, Surveyor interviewed Caregiver C who stated Caregiver D passed medications that morning and probably forgot to lock the medication box. On 09/23/2025 at 8:54 PM, Surveyor emailed President A and Community Living Coordinator B notifying them that the medication box in refrigerator was unlocked. On 09/25/2025 at 12:00 PM, Surveyor discussed concern of unlocked medications stored in kitchen refrigerator President A and Community Living Coordinator B. President A stated staff were retrained on medication storage on 09/24/2025.	N 420		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the environment was clean and homelike. Findings include: The facility is licensed as a Class CNA (nonambulatory) CBRF able to serve up to 8 residents within the client groups of alcohol/drug	N 481		

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N 481	Continued From page 8 dependent, irreversible dementia/Alzheimer's, emotionally disturbed/mental illness, traumatic brain injury, terminally ill, advanced aged, physically disabled and developmentally disabled. On 09/23/2025 at 10:03 AM, while touring facility with Caregiver C, Surveyor observed the following: Example 1- Staff bathroom The staff bathroom was located in a hallway with resident bedrooms and the bathroom door opened into the hallway. Four lines ranging from light gray to black ran the width of the bottom of the door and the door frame was scuffed with gray and black lines. The toilet seat was loose. Gray and black smudge lines ran the width of the bottom of sink's white counter. Example 2- Resident's bathroom Reflective backing (approximately 20" long x 4" tall) on left bottom of mirror had deteriorated Wall to right side of sink cabinet had 5 holes with filled with red drywall anchors 2 of 4 ceiling light bulbs were burnt out Example 3- Resident 4's room: Sprinkler head, fan on dresser, ceiling fan and furniture very dusty Example 4- Resident 1's and Resident 5's room Window was heavily soiled Furniture covered in dust Example 5- Resident 6's and Resident 7's room Blue walls next to Resident 7's bed and headboard had multiple small holes and was soiled Ceiling light cover was soiled, and 1 bulb was	N 481		

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N 481	Continued From page 9 burnt out Window blinds were dusty Windows were soiled A patch of wall approximately 3" x 5 " next to light switch was discolored Example 6- Resident 2's and Resident 3's Room Ceiling light soiled and bulb burnt out Windows heavily soiled Window blinds dusty 4 small holes in wall by foot of Resident 2's bed Example 7- Front living room Windowsills were dusty and dirty Black scuffs on wall behind recliner Approximately 5 small holes in wall above bulletin board 1 bulletin board had postings of fall emergency protocol, rules regarding cell phone use, and a list with corners torn off. No homelike wall decorations were displayed. Example 8- Dining Area White fabric window blinds next to dining room table had several small yellow stains. Example 8- Front Entrance Exterior side of white front door was soiled and scuffed A broken walker was lying on ground near garage door On 09/23/2025 at 10:03 AM, Surveyor interviewed Caregiver C who stated residents occasionally used the staff's bathroom. On 09/23/2025 at 8:54 PM, Surveyor emailed President A and Community Living Coordinator B a list of environmental concerns.	N 481		

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N 481	Continued From page 10 On 09/25/2025 at 12:00 PM, Surveyor discussed environmental concerns with President A and Community Living Coordinator B. Community Living Coordinator B stated s/he went to facility 09/24/2025 and retrained staff on cleaning, and hung wall decorations in front living room. Community Living Coordinator B stated s/he would purchase new blinds and a ceiling fan duster.	N 481		