STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111027	A. BUILDING: _____ B. WING _____	07/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE MIDDLETON CENTURY AVE	6916 CENTURY AVE 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 07/14/2025, Surveyor conducted a standard survey at Brookdale Middleton Century Ave, a CBRF in Middleton. Four deficiencies were identified. Two deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) RPY412, dated 02/24/2023 and SOD RPY411, dated 07/19/2022. Census: 17	N 000		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 residents reviewed received his/her medications as prescribed. Resident 2 continued to receive Clotrimazole powder for 3 days after the medication had been discontinued. Findings include: On 07/10/2025 at approximately 10:30 a.m., Surveyor reviewed Resident 2's record provided by LPN B. The record indicated Resident 2 had orders for Clotrimazole powder (Start Date: 06/24/2025) - Apply to right breast, groin and thighs topically 2 times daily for rash; resume Nystatin when healed and Nystatin powder (Start	N 352		

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
	111027	A. BUILDING: _____ B. WING _____	07/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE MIDDLETON CENTURY AVE	6916 CENTURY AVE 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 352	Continued From page 1 Date: 06/06/2025 - Held from 07/01/2025 to 07/10/2025) - Apply to groin, under breasts and erythematous rash topically 3 times daily. The medication administration record (MAR), dated 06/24/2025 to 07/14/2025, documented Clotrimazole powder was applied 06/24/2025 to 07/14/2025 and Nystatin Powder was held from 06/24/2025 to 07/10/2025. The MAR documented that both Clotrimazole powder and Nystatin powder were applied to Resident 2's left lower quadrant of the abdomen on 07/11/2025, 07/12/2025 and 07/13/2025 at 8:00 a.m. and 8:00 p.m. On 07/10/2025 at approximately 1:00 p.m., Surveyor interviewed Caregiver D regarding Resident 2's skin care. Caregiver D stated Resident 2's stomach fold was observed red and raw, extending into his/her groin on 07/10/2025. Caregiver D stated 07/14/2025 was his/her first day back to work since 07/10/2025, but that Resident 2's skin was currently looking much better. Caregiver D stated s/he only applied Nystatin powder on 07/14/2025 because Resident 2's skin was looking much better and "you wouldn't apply [Clotrimazole cream and Nystatin powder] at the same time." On 07/10/2025 at approximately 1:30 p.m., Surveyor interviewed LPN B. LPN B stated s/he contacted Resident 2's physician on 07/10/2025 regarding Resident 2's skin and received a verbal order to start Nystatin powder use and discontinue Clotrimazole cream. LPN B stated s/he updated the MAR to resume Nystatin powder, but did not update the MAR to discontinue Clotrimazole cream use because s/he was waiting for a physical order. Surveyor asked if there was a reason LPN B could accept the verbal order and update Resident 2's MAR to	N 352		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111027	A. BUILDING: _____ B. WING _____	07/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE MIDDLETON CENTURY AVE	6916 CENTURY AVE 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 352	Continued From page 2 start Nystatin powder use, but not accept the verbal order and update the MAR to discontinue the Clotrimazole cream. LPN B replied, "No." Executive Director A stated it is typically company's policy to not receive verbal orders. Resident 2 received Nystatin powder and Clotrimazole powder to his/her left lower quadrant abdomen from 07/11/2025 through 07/13/2025 (2 times daily), rather than Nystatin powder only as ordered. Cross Reference: N0438 83.38(1)(g) Health Monitoring	N 352		
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 scheduled psychotropic medications were reviewed at least quarterly for the desired responses and possible side effects by a pharmacist, practitioner or registered nurse for 2 of 2 residents reviewed. Resident 1's	N 407		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111027	A. BUILDING: _____ B. WING _____	07/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE MIDDLETON CENTURY AVE	6916 CENTURY AVE 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 407	Continued From page 3	N 407		

Fluoxetine Hcl use was not reviewed quarterly. Resident 2's Mirtazapine and Venlafaxine use had not been reviewed by a registered nurse, practitioner or pharmacist.

This is a repeat deficiency. See Statement of Deficiency (SOD) RPY412, dated 02/24/2023.

Findings include:

On 07/14/2025 at 10:00 a.m., Surveyor reviewed resident records provided by LPN B. The following concerns were identified:

- Resident 1 was admitted to the provider's facility on 09/21/2021 with diagnoses including depression and anxiety. Resident 1's physician orders included Fluoxetine Hcl 30 mg daily (Start Date: 11/30/2023). Resident 1's record did not include psychotropic reviews for the Fluoxetine.
- Resident 2 was admitted to the provider's facility on 02/06/2025 with diagnoses including adjustment disorder. Resident 2's physician orders included Mirtazapine 15 mg daily (Start Date: 02/06/2025) and Venlafaxine Hcl 225 mg (Start Date: 02/07/2025). Resident 2's record included 2 psychotropic reviews that were completed on 06/23/2025 by LPN B. The reviews were not completed by a registered nurse, practitioner or pharmacist and were completed greater than 90 days from the start date.

On 07/14/2025 at approximately 12:30 p.m., Surveyor shared concerns regarding psychotropic reviews for Resident 1 and Resident 2 with LPN B. LPN B stated s/he missed Resident 1's Fluoxetine when completing reviews. LPN B stated Resident 2's 06/23/2025 psychotropic reviews had not been reviewed by a registered nurse, practitioner or pharmacist yet because the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111027	A. BUILDING: _____ B. WING _____	07/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE MIDDLETON CENTURY AVE	6916 CENTURY AVE 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 407	Continued From page 4 process was for LPN B to review them first and then the registered nurse with corporate signed off; however, the registered nurse had yet to do so.	N 407		
N 431	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure changes in the health of 1	N 431		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111027	A. BUILDING: _____ B. WING _____	07/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE MIDDLETON CENTURY AVE	6916 CENTURY AVE 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 431	Continued From page 5 of 3 residents reviewed was documented in his/her record. Changes in Resident 2's skin was not documented in his/her record. This is a repeat deficiency. See Statement of Deficiency (SOD) RPY411, dated 07/19/2022. Findings include: On 07/10/2025 at approximately 10:30 a.m., Surveyor reviewed Resident 2's record provided by LPN B. The record indicated Resident 2 had orders for Clotrimazole powder (Start Date: 06/24/2025) - Apply to right breast, groin and thighs topically 2 times daily for rash; resume Nystatin when healed and Nystatin powder (Start Date: 06/06/2025 - Held from 07/01/2025 to 07/10/2025) - Apply to groin, under breasts and erythematous rash topically 3 times daily. The medication administration record (MAR), dated 06/24/2025 to 07/14/2025, indicated Clotrimazole powder was applied 06/24/2025 to 07/14/2025 and Nystatin Powder was held from 06/24/2025 to 07/10/2025. The MAR documented that both Clotrimazole powder and Nystatin powder were applied to Resident 2's left lower quadrant of the abdomen on 07/11/2025, 07/12/2025 and 07/13/2025 at 8:00 a.m. and 8:00 p.m. Resident 2's progress notes, dated 06/24/2025 to 07/14/2025, did not document skin care concerns. On 07/10/2025 at approximately 1:00 p.m., Surveyor interviewed Caregiver D regarding Resident 2's skin care. Caregiver D stated Resident 2's stomach fold was observed red and raw, extending into his/her groin on 07/10/2025. Caregiver D stated 07/14/2025 was his/her first day back to work since 07/10/2025, but that Resident 2's skin was looking much better.	N 431		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111027	A. BUILDING: _____ B. WING _____	07/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE MIDDLETON CENTURY AVE	6916 CENTURY AVE 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 431	Continued From page 6 On 07/10/2025 at approximately 1:30 p.m., Surveyor interviewed Executive Director A and LPN B and requested documentation regarding the monitoring of Resident 2's skin. LPN B stated skin assessments were completed during Resident 2's showers and the most recent shower was 07/10/2025. LPN B checked his/her records and was unable to locate a skin assessment more recent than 06/26/2025, which indicated Resident 2 had a rash under skin folds at his/her right breast and bilateral groins. Changes in Resident 2's skin were not documented from 06/26/2025 to 07/14/2025 while s/he received treatment for rashes. Cross Reference: N0352 DHS 83.32(3)(h) Rights of Residents: Receive Medication	N 431		
N 487	83.44(1)(b) Separate laundry storage areas or containers Storage and transport. The CBRF shall have separate clean and dirty laundry storage areas or containers. Storage containers shall be clean, leak-proof and have a tight fitting lid. The CBRF may not transport, wash or rinse soiled laundry in areas used for food preparation, serving or storage. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure there were separate storage areas or containers for clean and soiled laundry. Findings include: On 07/14/2025 at 9:05 a.m., Surveyor toured the	N 487		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111027	A. BUILDING: _____ B. WING _____	07/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE MIDDLETON CENTURY AVE	6916 CENTURY AVE 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 487	Continued From page 7 provider's laundry room with Caregiver C. Surveyor observed bedding lying on the floor next to the washer. Caregiver C confirmed the bedding was soiled and likely brought from a resident's room straight to the laundry room and placed on the floor. Surveyor asked what the laundry process was. Caregiver C stated second shift set soiled laundry out to be completed, third shift completed laundry, and first shift put laundry away; however, everyone did laundry as needed. Surveyor asked if the same laundry basket was used for soiled and clean laundry. Caregiver C replied, "Yes." Surveyor asked if a sanitation process was completed prior to putting clean laundry into a laundry basket that previously had soiled laundry. Caregiver C replied, "To be honest, no, but probably should." On 07/14/2025 at approximately 2:00 p.m., Surveyor interviewed Executive Director A and LPN B. Surveyor asked what the process was for completing laundry. Executive Director A stated each resident had his/her own laundry basket that was used to transport clean and soiled laundry. Executive Director A stated they did not sanitize the laundry basket between uses, but that if a resident had really soiled laundry, the caregiver would bring the laundry directly to the laundry room for washing. Executive Director A stated the soiled laundry would either be placed directly into the washer or into the sink, which would be sanitized after the laundry was removed. Surveyor shared his/her observation of soiled laundry on the laundry room floor with Executive Director A. Executive Director A stated s/he would follow up with his/her staff to come up with a new process for soiled laundry.	N 487		