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{N 000}	Initial Comments On 06/14/2023, Surveyors conducted a standard survey, 1 verification visit and 1 complaint investigation. Two of 2 violations from Statement Of Deficiency Z21G11, dated 10/14/2022 were corrected. Six deficiencies were identified. The complaint was substantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 65	{N 000}		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication	N 239		

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

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N 239	Continued From page 1 administration and management prior to assuming these job duties. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure 3 out of 3 employees obtained all department approved training as required within 90 days after starting employment. Caregiver I, Med Tech G and Med Tech J did not have training in fire safety within 90 days after starting employment. Findings include: On 06/13/2023, Surveyor conducted a review of 3 employees to verify compliance with department approved training requirements. Surveyor requested training records for Caregiver I, Med Tech G and Med Tech J. Fire Safety Example 1- Caregiver I On 06/13/2023, Surveyor reviewed the staff file of Caregiver I. Caregiver I's date of hire was 02/07/2023. The file did not contain evidence Caregiver I received training in fire safety. On 06/13/2023, at 5:15 PM, Surveyor interviewed Executive Director A regarding the fire safety training. Executive Director A stated they had attempted to ensure Caregiver I obtained fire safety training however, had sent them to the class and the trainer did not arrive as scheduled. They were able to complete the training on	N 239		

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N 239	Continued From page 2 06/08/2023. Executive Director A confirmed that training was not completed within 90 days and received late. Executive Director A provided a receipt of the training for fire safety. Example 2- Med Tech J On 06/13/2023, Surveyor reviewed the staff file of Med Tech J. Med Tech J's date of hire was 10/12/2023. The file did not contain evidence Caregiver I received training in fire safety. On 06/13/2023, at 5:15 PM, Surveyor interviewed Executive Director A regarding the fire safety training. Executive Director A stated they had attempted to ensure Med Tech J obtained fire safety training however, had sent them to the class and the trainer did not arrive as scheduled. They were able to complete the training on 06/08/2023. Executive Director A confirmed training was not received within 90 days and provided a receipt of the training for fire safety. On 06/13/2023, Surveyor verified Caregiver J was not on the Community-Based Care and Treatment training registry for fire safety. Example 3- Med Tech G On 06/13/2023, Surveyor reviewed the staff file of Med Tech G. Med Tech G's date of hire was 06/28/2023. The file did not contain evidence Med Tech G received training in fire safety. On 06/13/2023, at 5:15 PM, Surveyor interviewed Executive Director A regarding the fire safety training. Executive Director A stated they had attempted to ensure Med Tech G obtained fire safety training however, had sent them to the class and the trainer did not arrive as scheduled.	N 239		

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N 239	Continued From page 3 They were able to complete the training on 06/08/2023. Executive Director A confirmed training was not received within 90 days, was late and provided a receipt of the training for fire safety.	N 239		
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 the resident right to receive all prescribed medications in the dosage and intervals as prescribed by the practitioner. Three of 3 residents reviewed had not received all medications as prescribed by physician. Findings include: On 04/13/2023, the Department received a complaint regarding medications. The facility is licensed as a CLASS CNA (nonambulatory) CBRF able to serve up to 95 residents within the client groups of irreversible dementia/Alzheimer's, advanced age and physically disabled. Example 1- Resident 6	N 352		

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N 352	Continued From page 4 On 06/13/2023, Surveyor reviewed Resident 6's record. S/he was admitted 12/29/2022 and discharged on 05/01/2023. Diagnoses included essential (primary) hypertension; sick sinus syndrome, peripheral vascular disease; and cerebrovascular accident. Physician orders included Eliquis 2.5 MG 1 tablet every morning and at bedtime for peripheral vascular disease (start date 12/29/2022), Metoprolol Succinate ER 100 MG 2 tablets in evening related to sick sinus syndrome (start date 02/21/2023); Plavix 75 MG 1 tablet at bedtime for prophylactic for CVA (start date 12/29/2022); and Vitamin D3 (start date 12/29/2022) for supplement. April 2023 Medication administration record (MAR): Staff coded "16" (pharmacy action required): 04/03/2023 at 8:00 PM for Plavix 2.5 MG; 04/03/2023 8:00 PM for Metoprolol Succinate ER 100 MG; 04/03/2023 8:00 PM and 04/04/2023 8:00 PM for Plavix 75 MG; and 04/03/2023 8:00 PM for Vitamin D3. Facility progress notes:04/03/2023 8:00 PM- "LATE ENTRY Note Text: Med passer called stating that Plavix, Eliquis, Metoprolol and Vitamin D. [sic] Instructed to call pharmacy and ask for delivery. MD to be updated ..." 04/03/2023 8:00 PM- "LATE ENTRY Note Text: On April 3, 2023, it was brought the [Health Wellness Coordinator L] on call's attention that the resident wasn't able to get [his/her] scheduled doses of Plavix, Eliquis, Metoprolol, and Vitamin D3. The reason being is that there was none left. The bubble pack card didn't have any for the specific day in question. The nurse instructed the	N 352		

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medication technician to order replacement doses from the pharmacy and have them delivered that night. The pharmacy never delivered the mediations. A follow-up phone call to the pharmacy the following morning was done and the pharmacy stated that they would send the doses out immediately, but it was already past due. The pharmacy said that there was some confusion on there [sic] end to why the replacement medications weren't sent out ..."

04/04/2023 8:00 PM- "LATE ENTRY Note Text: Med passer called stating Plavix not delivered. Pharmacy called and asked for delivery. MD to be updated ..."

04/04/2023 8:00 PM- "LATE ENTRY Note Text: On April 4, 2023, it was brought to [Health Wellness Coordinator L] on call's attention that the resident wasn't able to get [his/her] scheduled dose of Plavix. The reason being is that there was none left. The bubble pack card didn't have any for the specific day in question. The nurse instructed the medication technician to order replacement dose form the pharmacy and them delivered that night. The pharmacy never delivered the medication. There was a follow-up phone call to the pharmacy the following morning. Againthere [sic] was some confusion form the medication technician and what [s/he] exactly needed ...The nurse did have a conversation with the resident at lunch time. [S/he] gave nurse a note, which had the medication that [s/he] missed. The note didn't specify the medication by name, only color of the pills ...The nurse explained what happened with the miscommunication with the pharmacy ...The MD was notified about the missed dose of Plavix ..."

Individual Service Plan dated 12/29/2022:

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N 352	Continued From page 6 In the area of Medications: "Order and coordinate medications between family, health care providers and pharmacy. Provide assistance with administration of medications as needed..." On 06/13/202 at 12:15 PM, Surveyor interviewed Health and Wellness Director M (HWD-M) and Executive Director A. Executive Director A stated on 04/04/2023 Resident 6 gave HWD-M a list describing the color of medications that were missed but the list did not include the names of the medications so it was difficult to determine which medications were missed. Executive Director A stated no contingency medications were kept at facility and on 04/03/2023 the pharmacy only sent "some" of the 4 medications. On 06/13/2023 at 4:30 PM, Surveyors discussed concern of Resident 6 not receiving all medications as prescribed. Executive Director A stated s/he did not know why Resident 6's missing medications were not taken from the end of the bubble pack and followed up with request to pharmacy for replacements. Executive Director A stated HWC-L or HWD-M called the pharmacy, and s/he was never clear why facility did not have all of Resident 6's medications on 04/03/2022 and 04/04/2023. Executive Director A stated the new cycle did not start on the 1st of the month and the 3rd or 4th was probably the start of the new cycle. Executive Director A stated backside material of bubble packs was difficult to punch the medications through so pills would fly out of the back of the bubble pack and be wasted. Executive Director A stated since then they requested a different type of bubble packs. On 06/21/2023 at 8:24 AM, Surveyor interviewed Pharmacy Tech N who stated cycles are 28 days' worth of medications. Pharmacy Tech N stated	N 352		

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N 352	Continued From page 7 Resident 6's cycles were delivered on 03/03/2023 and 03/31/2023, so Resident 6 had all his/her medications at facility for 04/03/2023 and 04/04/2023. Pharmacy Tech N stated when needed facility is to call pharmacy for replacement medications. On 06/21/2023 at 10:02 AM, Surveyor interviewed Pharmacist O who stated there was no history of requests for or delivery of replacement medications for Resident 6 on 04/03/2023, 04/04/2023 or during early April 2023 time frame. Example 2- Resident 3 Resident 3 was admitted to the provider on 05/04/2023 with a diagnosis including fracture of superior rim of left pubis; macular degeneration; osteoarthritis; spinal stenosis; low back pain and muscle weakness. Resident 3 had a physician order dated 05/04/2023 for Lidocaine external patch 4 % to left thigh one time a day for pain and remove per schedule. Physician order dated 05/04/2023 for Diclofenac Sodium Gel 1 % apply to left knee topically three times a day. On 06/13/2023, at 8:42 AM, Surveyor observed Med Tech G prepare medications for administration to Resident 3. Med Tech G searched the medication cart and did not locate the lidocaine. Med Tech G then prepared Resident 3's medications which included tramadol 50 MG; preservision one tablet; senna 50 MG and benefiber mixed with water. Med Tech G entered Resident 3's room and administered Resident 3 the medications. The lidocaine external patch and diclofenac gel were not administered. Surveyor asked Med Tech G why the lidocaine patch was not applied.	N 352		

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Med Tech G stated s/he will have to contact the pharmacy for the medication as they are now out of the patches. Surveyor asked Med Tech G why the diclofenac gel was not applied to Resident 3's knee. Med Tech G stated they will have to contact the pharmacy for a refill as they just ran out of the gel.

On 06/13/2023, at 10:19 AM, Surveyor interviewed Resident 3. Resident 3 stated s/he has leg pain and does not want to get out of the bed. Resident 3 stated s/he was just diagnosed with severe osteoarthritis in the hip and knee and there was nothing that can be done. Resident 3 stated the knee and hip was very painful.

On 06/13/2023, at 4:30 PM, Surveyor interviewed Nurse H regarding Resident 3's pain medication. Nurse H stated they did run out of the Diclofenac gel and lidocaine but that staff should have requested a refill five days prior to the medication running out but did not request the refill.

On 06/13/2023, at 5:15 PM, Surveyor interviewed Executive Director A regarding Resident 3 not receiving all physician ordered medications. Executive Director A stated they were aware that this was a concern and working on ensuring all residents receive their medications correctly.

On 06/14/2023, at 2:17 PM, Surveyor interviewed Pharmacy Tech K. Pharmacy Tech K stated the lidocaine patch for Resident 3 was last sent to the provider on 05/03/2023 and they sent 10 patches. Since 05/03/2023, the provider has not requested a refill. Surveyor asked if this patch was ordered to be administered on a daily basis. Pharmacy Tech K stated it was.

Example 3- Resident 4

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N 352	Continued From page 9 Surveyor reviewed Resident 4's record on 06/13/2023. Resident 4's diagnosis included hypertension; paroxysmal atrial fibrillation and hypokalemia (low potassium). Resident 4 had a physician order dated 05/08/2023 for Potassium Chloride ER tablet extended release 20 MEQ one tablet one time a day. On 06/13/2023, at 8:40 AM, Surveyor observed Med Tech G administer medications to Resident 4. Potassium Chloride ER tablet extended release 20 MEQ was not administered. Surveyor interviewed Med Tech G regarding the potassium. Med Tech G stated Resident 4 frequently refuses the medication so it was not offered. A review of the medication administration record for the month of June 2023 noted the potassium was documented as administered on 06/02/2023 to 06/12/2023. The med was documented as refused on 06/01/2023 and on 06/13/2023. Surveyor noted during the administration of medications on 06/13/2023, the medication was not offered yet documented as refused. On 06/13/2023, at 4:30 PM, Surveyor interviewed Nurse H. Nurse H stated Resident 4 should have received the potassium. They did attempt to obtain the medication in liquid form however, was very costly as insurance would not provide it in liquid form. Nurse H stated that the medication was not discontinued and Resident 4 should have been offered the medication. Nurse H confirmed the medication was on the cart. On 06/13/2023, at 5:15 PM, Surveyor interviewed Executive Director A (ED-A) regarding the	N 352		

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N 352	Continued From page 10 potassium. ED-A stated they were aware that this a concern and working on ensuring all residents receive their medications correctly.	N 352		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure individual service plan was implemented and followed as written. Resident 7's individual service plan (ISP) was not followed as written when during a Hoyer transfer by 1 staff person, the Hoyer tipped, Resident 7 fell to the floor and the Hoyer landed on top of him/her. The ISP stated Resident 1 was to be transferred with 2 staff and a Hoyer lift. Findings include: A Hoyer lift is a mechanical lift used to transfer a person, who is unable to bear his/her own weight, from one surface to another. On 06/13/2023, Surveyor reviewed Resident 7's record. S/he was admitted 04/12/2023. Diagnoses included other abnormalities of gait and mobility. Facility progress note, effective date: 05/04/2023 11:00 AM " ...Note text: At approximately 3:30 PM on 05/03/2023, resident was being transferred with Hoyer lift from w/c [wheelchair] to bed. Resident and Hoyer lift tipped over and resident fell to the floor. The Hoyer lift bars landed on top	N 388		

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of resident stomach. Resident was laying partially on back and right side between bed and bathroom floor. Resident complained of lower back and right hip pain. Hoyer lift was detached from sling and removed off [his/her] stomach, immediately. Pillow was placed under [his/her] head. Resident was checked for injuries. None noted. Resident requested to be sent to the ER. 911 was called and resident was transferred to [name of hospital] at resident [sic] request. X-rays taken at hospital of back and right leg/hip were negative for fractures resident returned from hospital about 9:00 PM ...."

Misconduct Incident Report dated 05/03/2023: "Date occurred 05/03/2023 Time occurred 3:30 PM (summarized): " ... [Associate P] transferred [Resident 7] with a Hoyer lift to the bed. [S/he] attempted to transfer the resident independently without the assistance of a 2nd person which [his/her] care plan dictates. During the transfer [s/he] encountered issues and the lift tipped over causing the resident to fall to the ground ...The resident needed transport to ER for evaluation. Resident states this caregiver has taken care of [him/her] many times and always transfers [him/her] independently; resident is now fearful of being transferred by any staff, including 2 persons and is refusing therapy or to come out of [his/ her] room because [s/he] states [s/he] is in too much pain ..." Handwritten notation on report stated "Submitted 5/8/23."

ISP dated 04/17/2023:
" ...Two person or Mechanical Lift Requires a two-person assist for transferring during: All transfers Requires a mechanical lift for transferring during: All transfers ... [Resident 7] transfers with assist of 2 and Hoyer lift ..."

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N 388	Continued From page 12 On 06/13/2023 at approximately 11:20 AM, Surveyor interviewed Resident 7 who stated s/he fell out of the Hoyer lift when 1 staff person was transferring him/her. Resident 7 stated during the transfer s/he told the staff person 2 staff were needed for the transfer. Resident 7 stated s/he still had nightmares about it. On 06/13/2023 at 3:51 PM, Surveyor interviewed Executive Director A who stated Associate P did not follow Resident 7's ISP and frequent discussions with staff included following ISP's. On 06/13/2023 at 5:05 PM, Surveyor discussed concern of staff not following the ISP as written with Executive Director A. Executive Director A stated, "Okay."	N 388		
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 staff interview, the provider did not ensure that medications, administered by the facility, were stored in a secure manner. Findings include: Brookdale Brookfield AL has a licensed capacity for 95 adults and serves advanced aged; irreversible dementia/Alzheimer's and physically disabled. On 06/13/2023, at 8:40 AM, as part of the standard survey, Surveyor observed Med Tech G	N 419		

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administer medications to Resident 4.

Med Tech G proceeded to remove the medication cards for Resident 4 out of the medication cart. Med Tech G removed the medications from the individual cards and placed them medications into a paper cup. The cup contained Resident 4's omeprazole 40 MG; calcium; eliquis 5 MG; metopropol 50 MG; occuvite; and vitamin D. Med Tech G bumped the cup with his/her hand and the cup and contents spilled onto the floor. Med Tech G, using his/her hand, picked up the cup and each tablet and placed them cup and pills into a paper bag on top of the medication cart.

The bag remained on top of the medication cart while Med Tech G entered Resident 4's room to administer medications and eye drops. Once finished, Med Tech G returned to the cart. Signed the medications out in the electronic record and grabbed a blood pressure cuff. Med Tech G proceeded to Resident 5's room. The medications remained on top of the cart and out of the view of Med Tech G. Surveyor interviewed Med Tech G regarding the medications in the paper bag. Med Tech G stated they will dispose of the medications.

On 06/13/2023, at 5:10 PM, Surveyor interviewed Executive Director A (ED-A) regarding the unsecured medications. ED-A stated that staff do dispense medications not used on the top of the medication cart so that they can be destroyed. Surveyor asked about the medications not being locked and available to anyone passing by. ED-A asked where should they place the discarded medications. Surveyor asked about using the locked medication cart. ED-A did not reply.

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	0013589	A. BUILDING: _____ B. WING _____	R-C 06/21/2023

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BROOKDALE BROOKFIELD AL	660 WOELFEL ROAD BROOKFIELD, WI 53045

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N 439	Continued From page 14	N 439		
N 439	83.39(1) Infection control program. The licensee shall establish and follow an infection control program based on current standards of practice to prevent the development and transmission of communicable disease and infection. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not follow an infection control program based on current standards of practice to prevent the development and transmission of communicable disease and infection. Staff did not follow hand hygiene procedures following medication administration. Findings include: In October 2002, the Centers for Disease Control and Prevention (CDC) published the "Guideline for Hand Hygiene in Healthcare Settings." This guideline sets the standard for caregivers regarding glove use and hand washing to prevent the spread of infections. The CDC has recommended that caregivers wash their hands before having direct contact with residents, after contact with a resident's intact skin, after contact with body fluids or excretions, if moving from a contaminated-body site to a clean-body site during cares, after contact with inanimate objects and after removing gloves. Hand Hygiene On 06/13/2023, at 8:42 AM, Surveyor observed Med Tech G prepare medications for	N 439		

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administration to Resident 3. Med Tech G did not wash hands nor sanitize hands when removing the medication cards from the medication cart. Holding each card individually and popping/removing the medication from the 30 day supply of medication. Med Tech G placed tramadol 50 MG into a paper cup; placed preservision one tablet into the cup; placed senna 50 MG into the cup. While preparing the Benefiber and water mixture, Med Tech G spilled the cup containing 3 medications on the top of the medication cart. The top of the cart contained some dried spilled substance. Med Tech G used the sides of his/her fingers to pick up the pills, place into his/her hand and into the medication cup. Med Tech G finger nails appeared to be 1 1/2 inches in length past the end of the fingertip.

Med Tech G then took the medication cup with medication and Benefiber mixed with water into Resident 3's room for administration. Med Tech G handed the paper cup to Resident 3 and the cup filled with water and mixed with Benefiber to Resident 3. Resident 3 asked Med Tech G to give Resident 3 his/her cane. Med Tech G grabbed the cane and asked Resident 3 if that was the cane s/he wanted. Med Tech G positioned the cane bedside.

Med Tech G returned to the med cart, signed out the medications and pushed the cart toward Resident 4's room. Med Tech G then proceeded to remove the medication cards for Resident 4 out of the medication cart. Med Tech G removed the medications from the individual cards and placed them medications into a paper cup. The cup contained Resident 4's omeprazole 40 MG; calcium; eliquis 5 MG; metopropol 50 MG; occuvite; and vitamin D. Med Tech G bumped the cup with his/her hand and the cup and

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contents spilled onto the floor. Med Tech G, using his/her hand and side of fingers, picked up the cup and pills, placed them into a paper bag on top of the medication cart. Med Tech G then took the pill cards, removed omeprazole 40 MG; calcium carbonate; eliquis 5 MG; metopropol 50 MG; occuvite; and vitamin D. Placed the new medications into the pill cup and removed levothyroxine 50 MCG, nifedipine 90 MG and placed them into the cup. Med Tech G opened the top drawer on the medication cart and picked up multiple containers and bags of medications looking for Resident 4's eye drops. Med Tech G removed the Dorzolamide sol; timolol and prednisolone eye drops. Walked into Resident 4's room and administered the pills. After Resident 4 took the pills, Med Tech G approached Resident 4's face, touched the area above the eye and administered the eye drops.

Med Tech G was not observed washing hands between administering medications to Resident 3 and Resident 4. Did not wash or sanitize hands after touching the floor. Did not wash or sanitize hands prior to or after administering eye drops.

Surveyor asked Med Tech G if hands should have been washed or sanitized. Med Tech G stated when a resident is sick, s/he will wash hands or sanitize. Med Tech G stated they were told last week that they probably should use sanitizer between administering medications to the residents.

On 06/13/2023, at 5:10 PM, Surveyors interviewed Executive Director A (ED-A) regarding the medication pass observation. Surveyors asked if Med Tech G should have washed hands or sanitized between administering medications to the residents. ED-A stated it depended.

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N 439	Continued From page 17 Surveyor asked about hand washing prior to the eye drops. ED-A stated if gloves are used, they would have required hand washing when removing the gloves. Surveyor asked about hand washing prior to administering the eye drops without gloves, ED-A stated yes. Surveyors asked about dropping the medications on the floor. ED-A stated Med Tech G should have washed hands. Surveyors asked about the length of Med Tech G's nails and infection control and medication pass policy. ED-A stated the nails should not have been more than 1/4 inch past the end of the finger and this had been an ongoing battle with staff related to nail care, infection control and standard precautions.	N 439		
N 507	83.46(1)(f) Combustibles. Combustible materials shall not be placed within 3 feet of any furnace, boiler, water heater, fireplace or other similar equipment. This Rule is not met as evidenced by: Based on observation and staff interview, the provider did not ensure combustible material were not placed within 3 feet of any furnace. Findings include: On 06/13/2023, at approximately 9:10 AM, Surveyor toured the facility with Maintenance F. Stored in the mechanical room, located by room 131. Directly alongside the furnace was a plastic bag containing papers and a box containing electric cords and key boards. Stored in a mechanical room by room 147- a section of plywood was observed against the furnace. A bucket, boxes and piece of dry wall	N 507		

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N 507	Continued From page 18 was stored within 3 feet of the furnace. Surveyor asked Maintenance F if s/he was aware of the requirement that combustible items should not be stored within 3 feet of the furnace or heat source. Maintenance F stated yes, those items should not be stored there. Maintenance F stated they really do not have much storage space. On 06/13/2023, at 5:15 PM, Surveyor interviewed Executive Director A regarding the combustible materials being stored within 3 feet of any furnace or heat source. Executive Director A did not comment.	N 507		