| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0013589 | A. BUILDING: _____ B. WING _____ | R-C 04/11/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BROOKDALE BROOKFIELD AL | 660 WOELFEL ROAD BROOKFIELD, WI 53045 |

| (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 |
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| {N 000} | Initial Comments<br><br>On 04/04/2024, Surveyor conducted 2 complaint investigations and 1 verification visit at Brookdale Brookfield AL.<br><br>Two deficiencies were identified.<br><br>Both deficiencies were repeat violations.<br><br>Both complaints were unsubstantiated.<br><br>Five of 5 deficiencies from Statement Of Deficiency Z21G13, dated 11/13/2023 were substantially corrected.<br><br>Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed.<br><br>Census: 73 | {N 000} | | |
| N 353 | 83.32(3)(i) Rights of Residents: Adequate treatment<br><br>In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Prompt and adequate treatment. Receive prompt and adequate treatment that is appropriate to the resident ' s needs.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure the resident right to prompt treatment. Four of 4 residents reviewed experienced call pendant wait times exceeding 20 minutes.<br><br>From 03/28/2024-04/04/2024, 42% of Resident 1's call pendant events exceeded 20 minutes; 29% of Resident 15's call pendant events | N 353 | | |

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 |
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| N 353 | Continued From page 1 | N 353 | | |

exceeded 20 minutes, 27 % of Resident 4's call pendant events exceeded 20 minutes, and 53% of Resident 16's call pendant events exceeded 20 minutes.

This is a repeat deficiency. See Statement Of Deficiency KJC911, dated 06/24/2022.

Findings include:

The facility is licensed as a Class CNA (nonambulatory) CBRF able to serve up to 95 residents within the client groups of physically disabled, advanced age, and irreversible dementia/Alzheimer's.

Example 1-Resident 1
On 04/04/2024 at 11:29 AM, Surveyor interviewed Resident 1 who stated s/he waits a ½ hour to 1 hour for call pendant to be answered.

On 04/04/2024, Surveyor reviewed Resident 1's record. S/he was admitted 04/22/2021. Diagnoses included Parkinson's disease.

Individual Service Plan (ISP) dated 10/09/2023 (summarized)- Resident 1 required assistance with dressing, showers/bathing, incontinence, toileting, transfers (2 assist transfers with Hoyer lift), and medication administration.
In the of Escort and Mobility, Resident 1's ISP stated " ...Resident 1 has been educated to use [his/her] call light when [s/he] needs assistance."

Resident 1's Alarm Response Report dated 03/28/2024-04/04/2024 identified a total of 21 call pendent events with 9 events (42%) exceeding 20-minute wait times:
04/04/2024 7:48 AM- 22 minutes
04/03/2024 7:57 AM- 40 minutes

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|---|---|---|---|---|
| N 353 | Continued From page 2<br><br>04/02/2024 7:34 AM- 2 hours, 17 minutes<br>04/01/2024 10:37 AM- 24 minutes<br>03/30/2024 9:56 AM- 29 minutes<br>03/29/2024 9:39 PM- 45 minutes<br>03/29/2024 3:18 PM- 22 minutes<br>03/29/2024 7:18 PM- 48 minutes<br>03/28/2024 7:07 AM- 1 hour, 55 minutes<br><br>Example 2-Resident 15<br>On 04/04/2024 at 11:40 AM, Surveyor interviewed Resident 15 who stated sometimes it took staff 25 minutes to an hour to answer his/her call pendant and it was painful when s/he was left on the toilet for a long time.<br><br>On 04/04/2024, Surveyor reviewed Resident 15's record. S/he was admitted 07/20/2021. Diagnoses included other abnormalities of gait and mobility and need for assistance with personal care.<br><br>ISP dated 01/15/2024 (summarized)- Resident 15 required assistance dressing, showers, incontinence briefs and toileting, physical assistance to/from meals and community activities, and medication administration.<br>In the area of Bathroom Assistance, the ISP stated " ... [Resident 15] is able to get on the toilet by [him/herself]. [S/he] puts [his/her] pendent [sic] on when [s/he] is ready to get off the toilet; then staff assist [him/her] with changing briefs and pulling [his/her] [pants up ..."<br>In the area of Escort and Mobility, the ISP stated " ...[Resident 15] requires physical assist to come to meals and activities in w/c [wheelchair]. [Resident 15] puts [his/her] pendent [sic] on when [s/he] is ready to come to meals and activities ..."<br><br>Resident 15's Alarm Response Report dated 03/28/2024-04/04/2024 identified a total of 44 call | N 353 | | |

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|---|---|---|---|---|
| N 353 | Continued From page 3 | N 353 | | |

pendant events with 13 (29%) exceeding 20-minute wait times:
04/04/2024 9:47 AM- 35 minutes
04/04/2024 7:29 AM- 27 minutes
04/03/2024 5:49 PM- 1 hour, 7 minutes
04/03/2024 1:38 PM- 23 minutes
04/03/2024 8:12 AM- 39 minutes
04/03/2024 7:04 AM- 22 minutes
04/01/2024 2:49 PM- 22 minutes
04/01/2024 9:20 AM- 42 minutes
04/01/2024 7:30 AM- 22 minutes
04/01/2024 4:43 AM- 43 minutes
03/31/2024 9:36 AM- 54 minutes
03/31/2024 7:30 AM- 26 minutes
03/30/2024 8:30 PM- 37 minutes

Example 3-Resident 4
On 04/04/2024 at 1:00 PM, Surveyor interviewed Resident 4 who stated s/he has waited up to 1 ½ hours for his/her call pendant to be answered.

On 04/04/2024, Surveyor reviewed Resident 4's record. S/he was admitted 08/04/2022. Diagnoses included generalized muscle weakness, mixed incontinence, unsteadiness on feet and need for assistance with personal care.

ISP dated 10/09/2023 (summarized)- Resident 4 was blind and required explanations of what was on his/her plate and where the plate was located (ate in his/her room), set up with grooming supplies, assistance with dressing, showers, toileting, stand-by assist with a four-wheeled walker for ambulation, and medication administration.
In the area of Bathroom Assistance, the ISP stated "[Resident 4] is continent of B&B [bowel and bladder] but has the occasional accident. This usually occurs if [s/he] as to wait for staff to take [him/her] to the bathroom ..."

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| | 0013589 | A. BUILDING: _____ B. WING _____ | R-C 04/11/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
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|---|---|---|---|---|
| N 353 | Continued From page 4<br><br>Resident 4's Alarm Response Report dated 03/28/2024-04/04/2024 identified a total of 33 call pendant events with 9 (27%) exceeding 20-minute wait times:<br>04/04/2024 2:10 PM- 23 minutes<br>04/03/2024 8:00 AM- 38 minutes<br>04/02/2024 12:00 PM- 48 minutes<br>04/02/2024 1:32 PM- 24 minutes<br>04/01/2024 8:27 AM- 26 minutes<br>04/01/2024 4:23 AM- 1 hour, 6 minutes<br>03/31/2024 8:42 AM- 37 minutes<br>03/30/2024 7:35 PM- 1 hour, 18 minutes<br>03/28/2024 12:02 PM- 26 minutes<br><br>Example 4-Resident 16<br>On 04/04/2024 at 1:18 PM, Surveyor interviewed Resident 16 who stated call pendent wait times varied depending on time of day, sometimes up to 30 minutes. Resident 16 stated s/he needed to be slid up and sat up in bed to help [him/her] breath early mornings and to be changed when incontinent.<br><br>On 04/04/2024, Surveyor reviewed Resident 16's record. S/he was admitted 11/03/2022. Diagnoses included hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, congestive heart failure, and generalized muscle weakness. Resident 16 had physician order for as needed pain medication due to chronic back pain and arthritis.<br><br>ISP dated 11/17/2023 (summarized)- Resident 16 required assistance with grooming, dressing, bathing, incontinence care, transfers (assist of 2 with a Hoyer lift), wheelchair mobility, medication administration and pain management.<br><br>Resident 16's Alarm Response Report dated | N 353 | | |

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| N 353 | Continued From page 5<br><br>03/28/2024-04/04/2024 identified a total of 47 call pendant events with 25 (53%) exceeding 20-minute wait times:<br>04/04/2024 8:34 AM- 1 hour, 42 minutes<br>04/03/2024 8:23 PM- 34 minutes<br>04/03/2024 5:43 PM- 36 minutes<br>04/03/2024 at 3:56 PM- 29 minutes<br>04/03/2024 7:55 AM- 24 minutes<br>04/02/2024 10:55 AM- 26 minutes<br>04/02/2024 10:11 AM- 39 minutes<br>04/02/2024 6:31 AM- 1 hour, 58 minutes<br>04/01/2024 8:37 PM- 41 minutes<br>04/01/2024 7:35 PM- 32 minutes<br>04/01/2024 3:58 PM- 23 minutes<br>04/01/2024 9:56 AM- 40 minutes<br>04/01/2024 6:02 AM- 55 minutes<br>03/31/2024 9:30 AM- 1 hour, 3 minutes<br>03/31/2024 7:23 AM- 29 minutes<br>03/30/2024 8:21 PM- 33 minutes<br>03/30/2024 5:30 AM- 2 hours, 22 minutes<br>03/29/2024 9:35 PM- 1 hour, 33 minutes<br>03/29/2024 7:50 PM- 39 minutes<br>03/29/2024 4:30 PM- 44 minutes<br>03/29/2024 1:55 PM- 41 minutes<br>03/29/2024 8:50 AM- 33 minutes<br>03/29/2024 6:53 AM- 53 minutes<br>03/28/2024 7:39 AM- 2 hours, 32 minutes<br>03/28/2024 1:21 AM- 34 minutes<br><br>On 04/08/2024 at 1:39 PM, Surveyor discussed concern of long call pendant wait times with Executive Director A, RN H and Assistant Executive Director Q. Executive Director A stated when a resident activated their pendent the receptionist notified the caregivers using a walkie talkie. If the pendant was alarming greater than 15 minutes s/he (Executive Director A) or Assistant Executive Director Q were notified. Executive Director A stated new walkie talkies were purchased the last week of March 2024 | N 353 | | |

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| N 353 | Continued From page 6<br><br>because staff stated they were not hearing what was being broadcasted. RN H stated caregivers left pendants alarming after providing cares if the resident wanted a nurse, they did not have a pen to deactivate the pendant alarm, or they forgot to turn it off. Executive Director A stated they were monitoring Alarm Response Reports regularly prior to the former receptionist leaving and the new receptionist had not been providing the reports daily. Executive Director A stated they were working on it.<br><br>On 04/11/2024 at 8:47 AM, Surveyor interviewed Executive Director A to clarify how call pendant system worked. Executive Director A stated when the call pendant was activated by the resident there was no audible alarm, staff identified call pendant alarm activation from the computer at the receptionist's desk located at the front door of the building. Executive Director A stated receptionists were on duty from 8:00 AM - 8:00 PM, 7 days per week. The receptionist monitored the computer screen and notified caregivers of call pendant alarms with use of the walkie talkie. When no receptionist was on duty, the caregivers checked the computer and during the night shift caregivers took turns monitoring the computer screen and notifying caregivers. Executive Director A stated if a call light was alarming for greater than 15 minutes, the receptionist or staff were to contact him/her, Assistant Director Q or RN-CC. S/he, Assistant Director Q or RN-CC would then call the caregiver's personal cell phone or message caregivers through the group chat on their personal cell phones reminding them to answer the call pendant alarm. Executive Director A stated s/he did not always receive notification of 15 minute plus call pendant alarms. | N 353 | | |

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| N 389 | Continued From page 7 | N 389 | | |
| N 389 | 83.35(3)(d) Service plans updated annually or on changes<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure when there was a change in resident needs, abilities, physical or mental condition the individual service plan was reviewed and revised for 1 of 2 residents reviewed.<br><br>Resident 14's ISP was not updated regarding need for bed baths when s/he was unsafe to be showered using a shower chair.<br><br>This is a repeat deficiency. See Statement Of Deficiency Z21G11, dated 10/14/2022.<br><br>Findings include:<br><br>Findings include:<br>On 04/04/2024Surveyor reviewed Resident 14's record. S/he was admitted 03/29/2023 and discharged on 01/22/2024. Diagnoses included hemiplegia and hemiparesis following cerebral | N 389 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| N 389 | Continued From page 8<br>infarction affecting left non-dominant side.<br><br>ISP dated 03/29/2023-<br>In the area of Showering or Bathing- " ...Resident uses a shower chair ..."<br>Care Profile dated 03/29/2023- " ...Resident uses a shower chair ..."<br><br>ISP dated 05/10/2023-<br>In the area of Showering or Bathing- " ...Resident uses a shower chair ..."<br>Care Profile dated 05/10/2023- " ...Resident uses a shower chair ..."<br><br>ISP dated 09/19/2023-<br>In the area of Showering or Bathing- " ...Resident uses a shower chair ..."<br>Care Profile dated 09/19/2023- " ...Resident uses a shower chair ..."<br><br>ISP dated 11/15/2023-<br>In the area of Showering or Bathing-" ...Resident uses a shower chair ..."<br><br>On 04/08/2024, Surveyor discussed concern of not updating ISP to reflect need for bed baths with Executive Director A, RN H and Assistant Executive Director Q. Executive Director A stated the Care Profile was a "snapshot" of the ISP used by caregivers. Assistant Executive Director Q stated the either s/he or RN H and therapy trialed showering Resident 14 with the shower chair, but therapy never approved caregivers to provide Resident 14 showers using the shower chair. Executive Director A stated on admission they were told Resident 14 would be using a shower chair, so the ISP dated 03/29/2023 was correct. Executive Director A stated Resident 14 was afraid of using the shower chair during showers and would not execute as s/he did with therapy. | N 389 | | |

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|---|---|---|---|---|
| N 389 | Continued From page 9<br><br>RN H stated s/he thought s/he had updated the ISP regarding need for bed baths.<br><br>On 04/10/2024 at 12:19 PM, Surveyor interviewed Director of Rehab (DOR) BB who stated Resident 14's family had not obtained a shower chair until approximately beginning of June 2023, and initially Resident 14 was unsafe to use the shower chair due to his/her leaning. DOR-BB stated staff had to provide bed baths until Resident 14 was safe for caregivers to use the shower chair for showers. DOR-BB stated on 07/18/2023, therapy recommended staff transfer Resident 14 onto the shower chair for toileting, meanwhile therapy was training RN H and AM and PM lead caregivers to shower Resident 14 using the shower chair. | N 389 | | |