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 03/02/2026

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
{N 000}	Initial Comments On 02/18/2026, Surveyor conducted 1 verification visit and 1 complaint investigation and on 02/26/2026, Surveyor conducted 1 complaint investigation at Brookdale Brookfield AL. Five deficiencies were identified. Four of 5 deficiencies were repeat violations. See Statement of Deficiency (SOD) KJC911, dated 06/24/2022, SOD Z21G11 dated 10/14/2022, SOD Z21G12, dated 06/21/2023, SOD Z21G13 dated 11/13/2023, and SOD Z21G14, dated 04/11/2024, Two of 2 deficiencies from SOD Z21G18, dated 10/16/2025 were substantially corrected. Both complaints were substantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 74	{N 000}		
N 353	83.32(3)(i) Rights of Residents: Adequate treatment 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the resident right to prompt treatment appropriate to the resident's needs when call light wait times exceeded 20 minutes for 5 of 5 residents reviewed.	N 353		

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

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N 353	Continued From page 1 From 02/04/2026 - 02/18/2026, 27% of Resident 35's call pendant wait times exceeded 20 minutes, 40% of Resident 36's call pendant wait times exceeded 20 minutes, 31% of Resident 37's call pendant wait times exceeded 20 minutes; 14% of Resident 38's call pendant wait times exceeded 20 minutes, and 14% of Resident 39's call pendant wait times exceeded 20 minutes. This is a repeat deficiency. See Statement Of Deficiency (SOD) Z21G14, dated 04/11/2024, and SOD 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 irreversible dementia/Alzheimer's, physically disabled, and advanced aged. On 01/21/2026 and 02/23/2026, the Department received complaints alleging long call pendant wait times. On 02/18/2026, Surveyor reviewed Resident 35's, Resident 36's and Resident 37's records including call pendant logs dated 02/04/2026-02/18/2026. Example 1- Resident 35 Resident 35 was admitted 12/11/2023. Diagnoses included multiple sclerosis, other arthritis, neuromuscular dysfunction of bladder, unspecified, and retention of urine, unspecified. Individual Service Plan (ISP) (not signed or dated) identified s/he required assistance with	N 353		

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dressing, bathing and Hoyer lift transfers.

Call Pendant Log:
From 02/04/2026-02/18/2026, 3 of 11 (27%) total call pendant wait times exceeded 20 minutes.
Call pendant wait times exceeding 20 minutes:
02/06/2026 8:32 PM- 32 minutes, 44 seconds
02/08/2026 8:21 PM- 53 minutes, 45 seconds
02/13/2026 9:06 PM- 40 minutes, 18 seconds

Example 2- Resident 36
Resident 36 was admitted 05/28/2025. Diagnoses included spastic hemiplegia affecting right dominant side; paraplegia, incomplete; neurogenic bowel, not elsewhere classified; neuromuscular dysfunction of bladder unspecified; cervical disc disorder with myelopathy, unspecified cervical region; and lack of coordination.

ISP dated 07/17/2026 identified s/he required assistance with transfers (including on and off toilet), hygiene care after using bathroom, dressing lower half of body, and showering.

Call Pendant Log:
From 02/04/2026-02/18/2026, 18 of 45 (40%) total call pendant wait times exceeded 20 minutes.
Call pendant wait times exceeding 20 minutes:
02/06/2025 1:13 AM- 41 minutes, 29 seconds
02/06/2026 8:07 AM- 50 minutes, 25 seconds
02/06/2026 9:44 AM- 29 minutes, 54 seconds
02/06/2026 7:52 PM- 42 minutes, 3 seconds
02/07/2026 11:59 AM- 34 minutes, 12 seconds
02/08/2026 8:51 PM- 27 minutes, 41 seconds
02/11/2026 1:45 PM- 23 minutes, 11 seconds
02/12/2026 8:10 AM- 23 minutes, 0 seconds
01/12/2026 2:55 PM- 27 minutes, 58 seconds
02/12/2026 8:35 PM- 43 minutes, 40 seconds

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02/13/2026 2:28 PM- 27 minutes, 19 seconds
02/13/2026 4:36 PM- 32 minutes, 39 seconds
02/14/2026 2:35 AM- 32 minutes, 8 seconds
02/16/2026 3:39 AM- 52 minutes, 34 seconds
02/16/2026 8:54 PM- 51 minutes, 16 seconds
02/17/2026 12:00 PM- 24 minutes, 35 seconds
02/17/2026 9:07 PM- 47 minutes, 32 seconds
02/18/2026 8:14 AM, 30 minutes, 27 seconds

Example 3- Resident 37
Resident 37 was admitted 11/20/2025. Diagnoses included: spastic hemiplegia affecting left nondominant side; ataxia following cerebral infarction [Note: ataxia is a lack of voluntary muscle coordination]; pain left shoulder and left elbow; intervertebral disc degeneration, lumbar region without mention of lumbar back pain or lower extremity pain; and unspecified ack of coordination.

ISP dated 12/29/2025 identified s/he required assistance with toileting, showering, dressing, grooming, and 2 staff assistance with transfers.

Call Pendant Log:
From 02/04/2026-02/18/2026, 31 of 100 (31%) total call pendant wait times exceeded 20 minutes.
Call pendant wait times exceeding 20 minutes:
02/04/2026 12:04 PM- 33 minutes. 45 seconds
02/05/2025 3:43 PM- 35 minutes, 27 seconds
02/06/2026 12:25 AM- 40 minutes, 23 seconds
02/06/2026 7:45 AM- 1 hour, 23 minutes
02/06/2026 1:16 PM- 27 minutes
02/06/2026 3:18 PM- 1 hour, 3 minutes
02/06/2026 6:07 PM- 29 minutes, 16 seconds
02/06/2026 7:04 PM- 59 minutes, 45 seconds
02/06/2026 8:10 PM- 22 minutes, 9 seconds
02/07/2026 9:30 AM- 27 minutes, 57 seconds
02/09/2026 7:38 PM- 31 minutes, 35 seconds

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N 353	Continued From page 4 02/10/2026 6:49 AM- 30 minutes, 52 seconds 02/10/2026 5:49 PM- 29 minutes, 54 seconds 02/10/2026 6:48 PM- 24 minutes, 28 seconds 02/10/2026 8:25 PM- 23 minutes, 18 seconds 02/11/2026 7:03 AM- 41 minutes, 48 seconds 02/11/2026 8:57 AM- 26 minutes, 2 seconds 02/11/2026 9:31 AM- 24 minutes, 16 seconds 02/11/2026 3:50 PM- 44 minutes, 13 seconds 02/11/2026 5:42 PM- 25 minutes, 4 seconds 02/11/2026 6:44 PM- 21 minutes, 50 seconds 02/12/2026 11:24 AM- 23 minutes, 1 second 02/13/2026 7:56 PM- 55 minutes, 58 seconds 02/15/2026 6:10 AM- 33 minutes, 28 seconds 02/15/2026 1:54 PM- 33 minutes, 6 seconds 02/16/2026 6:13 AM- 54 minutes, 16 seconds 02/16/2026 1:44 PM- 50 minutes, 45 seconds 02/16/2026 8:10 PM- 29 minutes, 9 seconds 02/17/2026 11:00 AM- 24 minutes, 19 seconds 02/17/2026 6:16 PM- 26 minutes, 7 seconds 02/17/2026 9:24 PM- 32 minutes, 0 seconds On 02/18/2026 at 11:26 AM, Surveyor interviewed Resident 35 who stated s/he sometimes waited longer than 30 minutes for staff to answer his/her call pendant. Resident 35 stated staff's reason for the long wait was because they were short staffed. On 02/18/2026 at 11:38 AM, Surveyor interviewed Resident 37 who stated s/he used the call pendant for assistance with transfers and to use the bathroom and call pendant response time varied between 10 minutes to an hour. On 02/18/2026 at 11:54 AM, Surveyor interviewed Resident 36 who stated s/he has experienced long call light wait times including on 02/17/2026 PM shift s/he waited more than 40 minutes. On 02/18/2026 at 3:34 PM, Surveyor interviewed	N 353		

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Executive Director Q and Health and Wellness Director (HWD) OO. Executive Director Q stated when call pendant is activated by resident it alerts at the front desk computer and caregiver's pagers. Front desk receptionist announces the alert every 3 minutes over the walkie talkies, and receptionist calls management if call wait time is excessive. Executive Director Q stated from 8:00 AM-8:00 PM the receptionist announces pendant activations with a walkie talkie and from 8:00 PM-8:00 AM, caregivers carry pagers. Executive Director Q stated call light logs were reviewed every morning and management staff rotated working a later shift to monitor and assist with call pendants and provide general oversight. HWD-OO stated this, in addition to holding staff more accountable had improved call pendant wait times.

On 02/18/2026 at 4:06 PM, Surveyor discussed concern regarding long call pendant wait times with Executive Director Q, Area Director MM, HWD-OO and Executive Director QQ. Executive Director Q stated management staff assist with answering call pendants and caregiving staff are reminded to at least go check the residents to ensure their safety until staff can provide cares. Area Director MM stated staff are reminded to anticipate needs (e.g. have water, tv remote within reach, etc.) before leaving resident's room to decrease call pendant alerts, and the reminders are provided at the start of each shift.

On 02/26/2026, Surveyor returned to facility to investigate the complaint received 02/23/2026 and reviewed Resident 38's and Resident 39's records.

Example 4- Resident 38
Resident 38 was admitted 03/16/2023. Diagnoses

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included difficulty in walking not elsewhere classified, other abnormalities of gait and mobility, Parkinson's disease without dyskinesia, urge incontinence, and need for assistance with personal care.

ISP dated 02/16/2026 identified s/he required physical assistance with all cares (except feeding) including assistance of 2 staff with transfers.

From 02/04/2026-02/18/2026, 15 of 102 (14%) total call pendant wait times exceeded 20 minutes, and 4 of the 15 (26%) exceeded 1 hour.
Call pendant wait times exceeding 20 minutes:
02/03/2026 9:08 PM- 43 minutes, 23 seconds
02/06/2026 7:22 AM- 1 hour, 33 minutes
02/06/2026 4:35 PM- 30 minutes, 14 seconds
02/06/2026 8:53 PM- 44 minutes, 59 seconds
02/08/2026 8:39 PM- 36 minutes, 16 seconds
02/11/2026 10:59 AM- 26 minutes, 3 seconds
02/13/2026 6:42 AM- 1 hour, 39 minutes
02/13/2026 8:47 AM- 1 hour, 2 minutes
02/15/2026 7:13 AM- 1 hour, 36 minutes
02/16/2026 5:43 PM- 24 minutes, 17 seconds
02/16/2026 6:37 PM- 42 minutes, 7 seconds
02/18/2026 8:42 PM- 38 minutes, 1 second
02/21/2026 9:03 PM- 36 minutes, 30 seconds
02/22/2026 7:58 AM- 27 minutes, 51 seconds
02/23/2026 9:03 PM- 24 minutes, 7 seconds

Example 5- Resident 39
Resident 39 was admitted 12/17/2024 and discharged 01/30/2026. Diagnoses included lymphedema, not elsewhere classified and obesity, unspecified.

ISP dated 08/26/2025 identified s/he required assistance with dressing/grooming, bathing, toileting and assistance of 2 staff to transfer with

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N 353	Continued From page 7 a sit-to-stand mechanical lift. From 01/16/2026-01/26/2026, 12 of 84 (14%) total call pendant wait times exceeded 20 minutes. Call pendant wait times exceeding 20 minutes: 01/15/2026 9:00 PM- 25 minutes, 6 seconds 01/18/2026 8:57 PM- 28 minutes, 53 seconds 01/17/2026 3:08 PM- 29 minutes, 50 seconds 01/22/2026 10:24 AM- 22 minutes, 58 seconds 01/24/2026 10:16 AM- 23 minutes, 26 seconds 01/23/2025 9:01 PM- 21 minutes, 11 seconds 01/23/2026 4:53 PM- 1 hour, 1 minute 01/25/2026 6:09 PM- 31 minutes, 8 seconds 01/25/2026 1:37 Pm- 47 minutes, 21 seconds 01/27/2026 11:36 AM- 21 minutes, 13 seconds 01/27/2026 5:56 PM- 42 minutes, 10 seconds 01/28/20269:10 PM- 21 minutes, 4 seconds On 02/26/2026 at 10:03 PM, Surveyor interviewed Resident 38 who stated call pendant response took a long time especially recently.	N 353		
N 362	83.33(1)(d) Grievance procedure: written summary The CBRF shall provide a written summary of the grievance, the findings and the conclusions and any action taken to the resident or the resident ' s legal representative and the resident ' s case manager. The CBRF shall maintain a copy of the investigation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written summary of the	N 362		

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grievance's findings, conclusion, and action taken, was provided to the resident, resident's legal representative and the resident's case manager (if any).

Required written summaries for 2 of 2 grievances involving Resident 36 and 3 of 3 grievances involving Resident 39 were not provided.

Findings include:

On 02/23/2026, the Department received a complaint alleging the provider did not follow up on complaints.

On 02/26/2026, Surveyor returned to facility to investigate the complaint.
On 02/26/2026, Surveyor requested (from Executive Director QQ) grievance/complaint investigations and subsequent written grievance summaries dated 09/01/2026 - 02/26/2026 involving Resident 36 and Resident 39.

Example 1- Resident 36

Per Resident 36's face sheet, s/he was his/her own health care decision maker (did not have a legal representative for health care).

Grievance/complaint investigations:
-02/09/2026 stated " ...2.10.26- [Resident 36] update [sic] that the employee was suspended ...2.9.26 - [Caregiver's name] suspended Investigation started on going ..."

-02/16/2026 stated " ...[Executive Director Q] followed up with [Resident 36] on 2.17.26 and reviewed - explained education provided to care givers and [Resident 36] was encourage [sic] to connect with any further concerns ..."

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N 362	Continued From page 9 No copies of written summaries of outcome provided to Resident 36 were provided to Surveyor. Example 2- Resident 39 Per Resident 39's face sheet, s/he was his/her own health care decision maker. Grievance/complaint investigations: -09/16/2025 stated " ...Reviewed with [Resident 39] keeping room door closed and locked when not in apartment, requested and encouraged to purchase a safe to keep medication bottles locked in between needing to fill weekly pill reminder. [Resident 39] will connect with family to get a safe for medication to be locked up. [Resident 39] thankful for re-order of medication. 9.29.25- Connected with [Resident 39] [s/he] did not get a safe- [s/he] is keeping loose medication bottles in cabinet above kitchen sink and locks door when not in room ..." -01/12/2026 stated " ...[Executive Director Q] - offered to replace this gift card and [Resident 39] declined. [Resident 39] did not want to call to report this to police. [Resident 39] was encouraged to report." -01/22/2026 stated " ...1.23.26- [Executive Director Q] connected with [Resident 39] and updated that caregiver was identified and education provide [sic]. [Resident 39 thank [sic] for update and encouraged to connect with any further concerns ..." On 02/26/2026 at approximately 3:30 PM, Surveyor discussed concern regarding not providing a written grievance summary with	N 362		

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N 362	Continued From page 10 Executive Director Q, Area Director MM, HWD-OO, and Executive Director QQ. Executive Director Q stated s/he had not provided written grievance summaries but would do so in the future.	N 362		
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 the individual service plan (ISP) was followed as written for 3 of 3 residents reviewed. Resident 37's, Resident 38's and Resident 39's ISPs were not followed as written when staff transferred them alone when their ISPs directed they be transferred by 2 staff. Resident 37 fell and sustained a left elbow fracture when 1 staff person transferred him/her alone. This is a repeat deficiency. See Statement Of Deficiency (SOD) Z21G12, dated 06/21/2023. Findings include: On 02/23/2026, the Department received a complaint regarding staff not transferring resident as directed in the ISP. On 02/26/2026, Surveyor returned to facility to investigate the complaint and reviewed Resident 37's, Resident 38's, and Resident 39's records.	N 388		

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N 388	Continued From page 11 Example 1- Resident 39 On 02/24/2026 at 3:41 PM in preparation for the onsite investigation, Surveyor interviewed Family Member PP who stated Resident 39 required 2 staff to transfer him/her with a sit to stand lift but was often transferred by 1 staff. Family Member PP stated following a discussion regarding the concern during a November 2025 care plan (ISP) meeting with facility staff the situation improved for a while but then worsened again. On 02/26/2026, Surveyor reviewed Resident 39's record. S/he was admitted 12/17/2024 and discharged 01/30/2026. Diagnoses included lymphedema, not elsewhere classified and obesity, unspecified. ISP/Care Profile dated 08/26/2025: In the area of Escort/Mobility/Transfers "Requires a two-person assist for transferring during all transfers ...requires the use of a sit to stand lift for all transfers." On 02/26/2026, Health and Wellness Director (HWD) OO provided Surveyor with a copy of an email (dated 11/11/2025 at 5:26 PM) from Family Member PP to Health and Wellness Coordinator H, Executive Director Q, and HWD-OO. The email stated, " ...Thank you for meeting with us today to try to address our concerns. Below is the list [Family Member QQ] handed out at the meeting. I have added a few things to the list so we all know what was discussed ...There are many times that caregivers will ask for a second person, but often they are simply doing the transfer alone. Please clarify how many caregivers are to be assisting with transfers, and why we are paying for additional caregivers specifically for the lift if they are not working in	N 388		

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N 388	Continued From page 12 pairs ..." Example 2- Resident 37 On 02/26/2026 at 9:24 AM, Surveyor interviewed Resident 37 who stated on occasion 1 staff transferred him/her. Resident 37 stated when this occurred most recently within the past week, the caregiver appeared to be in a bad mood and implied the machine (Sera Stedy lift) was unnecessary. Resident 37 stated s/he reported it but could not remember to whom, and s/he was being charged for 2 staff to assist with transfers. On 02/26/2026 at 2:32 PM, Surveyor interviewed HWD-OO who stated Resident 37 fell during a transfer on 01/19/2026 sustaining a broken left arm when 1 staff transferred him/her alone. HWD-OO stated usually Sera Stedy lift transfers required 1 staff assistance, however prior to 12/29/2025 therapy directed Resident 37 be transferred by 2 staff with a gait belt and Sera Stedy because s/he was very tall and had no use of his/her left arm and hand. HWD-OO stated after therapy gave their directive and prior to the 01/19/2026 fall, Family Member RR told staff s/he wanted only 1 staff transferring Resident 37 with the Sera Stedy but then (former) Health and Wellness Coordinator H again directed staff to transfer with 2 assist. HWD-OO stated upon interviewing staff following the 01/19/2026 fall, s/he learned some staff were transferring Resident 37 alone because Sera Stedy transfers usually required 1 staff assist and Family Member RR told caregivers they could transfer him/her alone. HWD-OO stated the caregiver who transferred Resident 37 alone on 01/19/2026 was suspended and because staff transferring him/her alone was identified as a systemic problem, all caregiving staff were retrained.	N 388		

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N 388	Continued From page 13 Resident 37 was admitted 11/20/2025. Diagnoses included: spastic hemiplegia affecting left nondominant side; ataxia following cerebral infarction [Note: ataxia is a lack of voluntary muscle coordination]; pain left shoulder and left elbow; intervertebral disc degeneration, lumbar region without mention of lumbar back pain or lower extremity pain; and unspecified lack of coordination. ISP/Care Profile dated 12/29/2025: In the area of Escort/Mobility/Transfers " ... [Resident 37] requires assist of two with sara [sic] steady [sic] for safe transfers ..." Example 3- Resident 38 On 02/26/2026 at 10:03 AM, Surveyor interviewed Resident 38 who stated s/he was transferred with a sit to stand lift and usually only 1 staff transferred him/her on PM and night shifts, and during the day especially when toileting him/her. Resident 38 stated staff told him/her they transferred him/her alone because they were short staffed. Resident 38 was admitted 03/16/2023. Diagnoses included difficulty in walking not elsewhere classified, other abnormalities of gait and mobility, and Parkinson's disease without dyskinesia. ISP dated 02/16/2026: In the area of Transfers " ...[Resident 38] will receive assistance of two and a mechanical lift ..." On 02/26/2026 at approximately 3:30 PM, Surveyor discussed concern regarding not implementing the ISP as written with Executive Dir Q, Area Director MM, HWD-OO, and Executive Director QQ. Executive Director Q stated Resident 37's fall was a systemic issue	N 388		

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N 388	Continued From page 14 and they were retraining staff. Cross Reference: N0389 DHS 83.35(3)(d) Service Plans Updated Annually Or On Changes	N 388		
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 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 significant change in condition. Resident 36's ISP was not updated to address worsening lymphedema, open wound on left inner thigh, subsequent facility staff interventions or home health wound care treatments. Resident 37's ISP was not updated to include interventions to care for left arm cast.	N 389		

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This is a repeat deficiency. See Statement of Deficiency (SOD) Z21G11, dated 10/14/2022, SOD Z21G14 dated 04/11/2024, and SOD Z21G15 dated 08/13/2024.

Findings include:

On 02/18/2026 at 11:54 AM, Surveyor interviewed Resident 36 who stated in January 2026 s/he was treated in the ER for an open blister on thigh and was being seen by home health for wound care.

Example 1- Resident 36
On 02/18/2026, Surveyor reviewed Resident 36's record. S/he was admitted 05/28/2025. Diagnoses included type 2 diabetes with other circulatory complications.

Emergency Department note dated [Friday] 01/23/2026 stated "Pt arrives via EMS from Brookdale Brookfield with new wounds to the bilateral inner thighs ...The wound is tender but not painful, and it drains a yellowish fluid with some blood ...[s/he] has lymphedema from the groin down, which has worsened over the past 8 weeks ...There is a [sic] approximately 6 cm x 3 cm wound to patient's left inner thigh/groin. There is some drainage from the wound ...A referral was placed for wound care ...Determined best option would be to place an ABD pad between patient's legs as [s/he] is nonambulatory. This will keep the pad in place and it will allow for less friction between the legs and hopefully better healing ...A referral was placed to wound care. You will receive a call to schedule this ..."

According to the Mayo Clinic " ...Lymphedema refers to tissue swelling ...signs and symptoms include: *Swelling of part or all of the arm or leg, including fingers or toes *A feeling of heaviness

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or tightness *Restricted range of motion *Recurring infections *Hardening and thickening of the skin (fibrosis) ...complications may include: *Skin infections (cellulitis) ...*Sepsis ...*Leakage through the skin. With severe swelling, the lymph fluid can drain through small breaks in the skin or cause blistering ...*Skin changes. In some people with very severe lymphedema, the skin of the affected limb can thicken and harden so it resembles the skin of an elephant *Cancer. A rare form of soft tissue cancer can result from the most-severe cases of untreated lymphedema ..." (Source: https://www.mayoclinic.org/diseases-conditions/lymphedema/symptoms-causes/syc-20374682 (retrieval date 02/20/2026)).

Facility observation notes: The record contained no observation notes dated 01/01/2026-02/18/2026.

Skin Assessments: A skin assessment completed 11/15/2025 identified friction and shear as a potential problem. No skin assessments after 11/15/2025 were included in the record.

Individual Service Plan/Care Profile (dated 07/17/2025):
In the area of Chronic Condition Management " ... [Resident 36] has type 2 diabetes ...Changes to [his/her] skin will be reported to [Health and Wellness Director/Coordinator] immediately, particularly lower extremities and skin folds ..."

In the area of Skin Care "Outcome/Goal: "[Resident 36's] skin will remain intact ...Staff will observe for reddened areas and other signs of skin breakdown ..."

The ISP/Care Profile did not address

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lymphedema, left thigh wound, home health wound care, or staff interventions to prevent and manage lymphedema or thigh wound.

Home health intake assessment received via fax from home health agency on 02/24/2026 at 2:43 PM (summarized): Date of assessment/intake was 01/31/2026. Referral for initiation of care was received 01/29/2026. Scored 12 on Braden scale identifying high risk for pressure sores. Edema present left and right foot, ankle, calf, knee and thigh. Active wound (abrasion) inner thigh, with serosanguineous drainage, wound bed non-granulated with pink, purple, and red tissue. Wound care performed as ordered with white petroleum and gauze, patient stated facility staff changed dressing each time s/he used restroom, wound healing, home health to provide weekly wound care.

On 02/18/2026 at 2:56 PM, Surveyor interviewed Executive Director Q and Health and Wellness Director (HWD) OO. HWD-OO stated Resident 36 was recently transferred onto his/her caseload after Health and Wellness Coordinator H left employment. HWD-OO stated s/he assessed Resident 36's left thigh wound on Tuesday 01/27/2026 when s/he became aware of it. HWD-OO stated s/he was planning to update the ISP the week of 02/22/2026 when it was scheduled to be reviewed/updated.

On 02/18/2026 at 4:06 PM, Surveyor discussed concern regarding ISP not updated regarding lymphedema, left inner thigh wound and wound care services with Executive Director Q, Area Director MM, HWD-OO and Executive Director QQ. Executive Director Q stated s/he had been reviewing policies and newly created checklists for assessments, ISP updates, monitoring, etc.

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N 389	Continued From page 18 with HWD-OO. Example 2- Resident 37 On 02/23/2026, the Department received a complaint regarding staff not transferring resident as directed in the ISP. Surveyor returned to facility on 02/26/2026 to investigate the complaint. On 02/26/2026 at 2:32 PM, Surveyor interviewed Health and Wellness Director (HWD) OO who stated Resident 37 fell during a transfer on 01/19/2026 sustaining a broken left arm. On 02/26/2026 Surveyor reviewed Resident 37's record (received 02/18/2026 from Executive Director Q and HWD-OO). Resident 37 was admitted 11/20/2025. Diagnoses included: spastic hemiplegia affecting left nondominant side; ataxia following cerebral infarction (stroke) [Note: ataxia is a lack of voluntary muscle coordination]; and pain left shoulder and left elbow. ISP/Care Profile dated 12/29/2025- In the area of Dressing/Grooming "has a cast on left arm ..." In the area of Skin Care " ...[Resident 37] has a cast his [his/her] left arm. Skin is intact. Braden score 16. [Resident 37's] skin will be kept clean and dry. [Resident 37] will be encouraged to reposition in bed and [wheelchair] as tolerated ..." The ISP/Care Profile did not identify interventions to manage the cast. On 02/26/2026 at 2:32 PM, Surveyor interviewed HWD-OO who stated Resident 37's fractured elbow and cast did not effect his/her functioning due to no use of the left arm prior to fall on	N 389		

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N 389	Continued From page 19 01/19/2026. On 03/02/2026 at 6:25 PM, Surveyor received email from HWD-OO with an attached emergency room After Visit Summary dated 01/20/2026. The After Visit Summary stated (summarized):Resident 37 was seen in ER 01/20/2026 for shoulder pain related to a fall and diagnosed with closed fracture of left elbow, initial encounter and accidental fall, initial encounter. HWD-OO stated in email " ...Yes [Resident 37] is still wearing the cast. Caregivers manages [sic] resident with an arm in a hard cast focus [sic] by focusing [sic] protecting the cast, monitoring circulation, controlling pain, and assisting with daily activities. Staff are to check fingers regularly for proper circulation-normal color, warmth, movement, and no numbness or tingling. The cast must be kept clean and completely dry. Caregivers should never insert objects inside the cast or attempt to trim or modify it. Skin around the edges should be inspected daily for irritation or breakdown. Pain will be monitored and medications given as prescribed. Severe or worsening pain, excessive swelling, numbness, pale or cold fingers, or a tight feeling in the cast should be reported immediately, as these may indicate complications. I [sic] down to [his/her] room daily to check on [him/her] also ..." Cross Reference: N0388 DHS 83.35(3)(c) Implement, Follow The Individual Service Plan N0431 DHS 83.38(1)(g) Health Monitoring	N 389		
N 431	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents	N 431		

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N 431	Continued From page 20 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 services adequate to meet the needs in the area of health monitoring were provided. From ER visit on 01/23/2026 to start of home health wound care services on 01/31/2026, Resident 36's record contained no documentation lymphedema and left inner thigh wound were adequately monitored. The 01/23/2026 ER note received from provider identified a referral home	N 431		

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health for wound care was needed and made, but according to the home health agency the referral was not made until 01/29/2026.

This is a repeat deficiency. See Statement Of Deficiency (SOD) Z21G13 dated 11/13/2023.

Findings include:

On 02/18/2026 at 11:54 AM, Surveyor interviewed Resident 36 who stated in January 2026 s/he went to the ER for an opened blister on left thigh. Resident 36 stated upon return from the ER, s/he requested Health and Wellness Director (HWD) OO assess it, but HWD-OO waited several days. Resident 36 stated s/he was very concerned because s/he was diabetic.

On 02/18/2026, Surveyor requested (from Executive Director Q) Resident 36's record including observation notes dated 01/01/2026-02/18/2026 and skin assessments dated 11/20/2026-02/18/2026.

On 02/18/2026, Surveyor reviewed Resident 36's record. S/he was admitted 05/28/2025. Diagnoses included type 2 diabetes with other circulatory complications.

Emergency Department note dated [Friday] 01/23/2026 stated " ...Pt arrives via EMS from Brookdale Brookfield with new wounds to the bilateral inner thighs. Pt believes the wounds are from wearing briefs ...[S/he] first observed a wound on [his/her] left leg on Wednesday, marking the initial break in the skin. The wound is tender but not painful, and it drains a yellowish fluid with some blood ...s/he has lymphedema from the groin down, which has worsened over the past 8 weeks. [S/he] consulted a doctor last

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N 431	Continued From page 22 week who planned to prescribe a diuretic, but s/he has not received it yet ...There is a [sic] approximately 6 cm x 3 cm wound to patient's left inner thigh/groin. There is some drainage from the wound ...A referral was placed for wound care ...Determined best option would be to place an ABD pad between patient's legs as [s/he] is nonambulatory. This will keep the pad in place and it will allow for less friction between the legs and hopefully better healing ...A referral was placed to wound care. You will receive a call to schedule this ..." (Note: an ABD pad is multi layered, absorbs drainage and has sealed edges to prevent leakage). According to the Mayo Clinic " ...Lymphedema refers to tissue swelling caused by an accumulation of protein-rich fluid that's usually drained through the body's lymphatic system. It most commonly affects the arms or legs ... Lymphedema signs and symptoms include: *Swelling of part or all of the arm or leg, including fingers or toes *A feeling of heaviness or tightness *Restricted range of motion *Recurring infections *Hardening and thickening of the skin (fibrosis) ...Signs and symptoms can range from mild to severe ...complications may include: *Skin infections (cellulitis) ...*Sepsis ...*Leakage through the skin. With severe swelling, the lymph fluid can drain through small breaks in the skin or cause blistering ...*Skin changes. In some people with very severe lymphedema, the skin of the affected limb can thicken and harden so it resembles the skin of an elephant *Cancer. A rare form of soft tissue cancer can result from the most-severe cases of untreated lymphedema ..." (Source: https://www.mayoclinic.org/diseases-conditions/lymphedema/symptoms-causes/syc-20374682 (retrieval date 02/20/2026)).	N 431		

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N 431	Continued From page 23 Observation Notes: Resident 36's record contained no observation notes dated 01/01/2026-02/18/2026. Skin Assessment: A skin assessment was completed on 11/15/2025 and identified friction and shear as a potential problem. The record contained no skin assessments after 11/15/2025. Individual Service Plan/Care Profile (dated 07/17/2025): The ISP/Care Profile did not address lymphedema, left thigh wound or subsequent home health wound care. On 02/18/2026 at 2:56 PM, Surveyor interviewed Executive Director Q and HWD-OO. HWD-OO stated Resident 36 was recently transferred onto his/her caseload after Health and Wellness Coordinator H left employment. HWD-OO stated s/he assessed Resident 36's left thigh wound on Tuesday 01/27/2026 when s/he became aware of it. HWD-OO stated s/he told Resident 36 s/he would clean it and put a light gauze on it, however there were no supplies at the facility. HWD-OO stated s/he contacted Resident 36's MD for treatment orders on 01/27/2026 but had not heard back from MD until Friday 01/30/2026. HWD-OO stated on 01/30/2026 s/he spoke with Resident 36 who said it was okay to not do anything with the wound since home health wound care was starting 01/31/2026. HWD-OO stated s/he did not document his/her 01/27/2026 assessment, calls to MD, or home health wound care services. HWD-OO stated s/he planned to update the ISP the week of 02/22/2026 when it was scheduled to be reviewed/updated. On 02/18/2026 at 4:06 PM, Surveyor discussed	N 431		

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N 431	Continued From page 24 concern lack of monitoring Resident 36's left thigh wound and worsening lower extremity lymphedema with Executive Director Q, Area Director MM, HWD-OO and Executive Director QQ. HWD-OO stated on 01/27/2026, s/he assessed the wound and tried getting home health wound care to start. Regarding worsening lymphedema, HWD-OO stated, "The [former] nurse [Health and Wellness Coordinator H] was here before me." Executive Director Q stated s/he had been reviewing policies and newly created checklists for assessments, ISP updates, monitoring, etc. with HWD-OO. Home health intake assessment received via fax from home health agency on 02/24/2026 at 2:43 PM (summarized): -Referral for initiation or care was received by the home health agency on 01/29/2026. -Date of assessment/intake was 01/31/2026. -Scored 12 on Braden scale identifying high risk for pressure sores. -Edema present left and right foot, ankle, calf, knee and thigh edema present. -Active wound (abrasion) inner thigh, with serosanguineous drainage, wound bed non-granulated with pink, purple, and red tissue. -Wound care performed as ordered with white petroleum and gauze, patient stated facility staff changed dressing each time s/he used restroom, wound healing, home health to provide weekly wound care. Cross Reference: N0389 DHS 83.35(3)(d) Service Plans Updated Annually Or On Changes	N 431		