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 06/02/2026

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 05/28/2026, Surveyor conducted 1 verification visit at Brookdale Brookfield AL. Three deficiencies were identified. Two of 3 deficiencies were repeat violations. See Statement of Deficiency (SOD) KJC911, dated 06/24/2022, Z21G11, dated 10/14/2022, Z21G14 dated 04/11/2024, Z21G15 dated 08/13/2024, and Z21G19, dated 03/02/2026. Three of 5 deficiencies from SOD Z21G19, dated 03/02/2026 were substantially corrected. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 80	{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 4 of 5 residents reviewed. From 05/20/2026-05/28/2026, Resident 37, Resident 38, Resident 40 and Resident 41	{N 353}		

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

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{N 353}	Continued From page 1	{N 353}		

experienced call pendant wait times exceeding 20 minutes.

This is a repeat deficiency. See Statement Of Deficiency (SOD) Z21G19, dated 03/02/2026, Z21G14, dated 04/11/2024, and 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 05/28/2026, Surveyor reviewed Resident 37's, Resident 38's, Resident 40's and Resident 41's records, including call pendant logs dated 05/20/2026-05/28/2026.

Example 1- Resident 37
Resident 37 was admitted 11/20/2025. Diagnoses included spastic hemiplegia affecting left nondominant side and ataxia following cerebral infarction.

Call Pendant Log:
05/24/2025 7:58 PM- 44 minutes, 56 seconds.

Individual Service Plan (ISP) dated 11/20/2025 identified Resident 37 required staff assistance with medications, toileting, showering, dressing, wheelchair mobility, and 2 staff assist transfers with a Sara Stedy mechanical lift.

Example 2- Resident 38
Resident 38 was admitted 03/16/2023. Diagnoses included: difficulty in walking, not elsewhere classified; Parkinson's disease without

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{N 353}	Continued From page 2 dyskinesia; polyneuropathy, unspecified; overactive bladder; urge incontinence; weakness; and need for assistance with personal care. Call Pendant Log: 05/22/2026 5:43 AM- 27 minutes, 44 seconds 05/21/2026 6:55 AM- 1 hour, 22 seconds ISP dated 12/02/2025 identified Resident 38 required assistance with medications, dressing, grooming, showering, incontinence care, transfers, and wheelchair mobility. Example 3- Resident 40 Resident 40 was admitted 11/16/2021. Call Pendant Log: 05/26/2026 6:32 AM- 42 minutes, 14 seconds 05/25/2026 6:02 AM- 43 minutes, 37 seconds 05/25/2026 2:55 AM- 28 minutes, 2 seconds 05/25/2026 1:096 AM- 21 minutes 05/24/2026 8:33 PM- 35 minutes, 14 seconds 05/24/2026- 4:18 PM-21 minutes, 53 seconds. 05/23/2026 10:55 AM- 30 minutes, 12 seconds 05/23/2026 6:21 AM- 1 hour, 25 minutes 05/22/2026 8:49 PM- 33 minutes, 19 seconds 05/22/2026 2:23 PM- 27 minutes, 53 seconds 05/22/2026 6:15 AM- 40 minutes, 51 seconds 05/22/2026 2:24 AM- 32 minutes, 13 seconds 05/21/2026 1:47 PM- 30 minutes, 18 seconds 05/20/2026 6:42 AM- 23 minutes, 54 seconds ISP dated (not signed or dated) identified Resident 40 required assistance with medications, toileting, showering, dressing, grooming, 2 staff assist transfers with a Hoyer lift, and wheelchair mobility. Example 4- Resident 41 Resident 41 was admitted 06/13/2019. Diagnoses included: chronic pain; myelopathy in diseases	{N 353}		

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{N 353}	Continued From page 3 classified elsewhere; spinal stenosis cervical region; and unspecified abnormalities of gait and mobility. Call Pendant Log: 05/25/2026 6:34 AM- 21 minutes, 31 seconds 05/24/2026 7:56 PM- 28 minutes, 34 seconds 05/23/2026 7:29 AM- 39 minutes, 19 seconds 05/22/2026 8:54 PM- 36 minutes, 51 seconds 05/22/2026 11:33 AM- 27 minutes, 46 seconds 05/21/2026 11:38 AM- 31 minutes, 32 seconds ISP dated 03/13/2026 identified Resident 41 required assistance with medications, dressing, grooming, showering, incontinence care, 2 staff assist transfers with a Hoyer lift, and wheelchair mobility. On 05/28/2026 at 1:09 PM, Surveyor interviewed Resident 40 who stated s/he required staff assistance with transferring, incontinence products, picking things up off the floor, getting things from mini room refrigerator and going to activities and meals. Resident 40 stated staff's response to call pendants was sometimes long, up to 45 minutes at times. On 05/28/2026 at 1:19 PM, Surveyor interviewed Resident 37 who stated when staff answered call pendants, they said they would be back "in a second" but then did not return and early in May 2025 staff did not return for over 50 minutes while s/he was sitting on the toilet. Resident 37 stated "To me, it means next to nothing" when staff state they will return. On 05/28/2026 at 1:43 PM, Surveyor interviewed Resident 41 who stated call pendant wait times varied depending on the situation. Resident 41	{N 353}		

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{N 353}	Continued From page 4 stated s/he required assistance with transfers, urinal, incontinence pads, bed pan and to get to dining room and church. On 05/28/2026 at 3:09 PM, Surveyor interviewed Receptionist TT who stated when a resident activated the call pendant the computer at receptionist's desk was alerted, then s/he announced the call pendant activation over the walkie talkie to staff. Receptionist TT stated ensuring the call pendants were cleared was the most important part of his/her job. On 05/28/2026 at 4:12 PM, Surveyor discussed long call pendant wait times with Executive Director QQ, Wellness Coordinator SS and Assistant Executive Director Q. Executive Director QQ stated Resident 40's 42-minute wait time on 05/26/2025 was due to staff forgetting to deactivate the alert on the pendant when they took him/her to beauty shop. Assistant Director Q stated staff deactivated/cleared the pendant by pressing a button directly on the pendant. Assistant Executive Director Q stated sometimes staff answered the call pendant told the resident they would return leaving the call pendant activated to remind them to return, and some residents would not allow staff to deactivate the call pendant until the resident felt all tasks were completed.	{N 353}		
{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	{N 389}		

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{N 389}	Continued From page 5 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 resident or resident's legal representative signed the individual service plan (ISP) acknowledging their involvement in, understanding of, and agreement with it for 3 of 6 ISPs reviewed. Resident 19's, Resident 40's and Resident 42's ISPs were not signed. This is a repeat deficiency. See Statement Of Deficiency (SOD) Z21G11, dated 10/14/2022, Z21G14 dated 04/11/2024, Z21G15 dated 08/13/2024, and Z21G19, dated 03/02/2026. 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 05/28/2026, Surveyor reviewed Resident 19's, Resident 40's and Resident 42's records. Example 1- Resident 19 Resident 19 was admitted 12/07/2022. His/her ISP was dated 04/04/2026 and the signature section of the ISP was blank.	{N 389}		

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{N 389}	Continued From page 6 Example 2- Resident 40 Resident 40 was admitted 11/16/2021. His/her ISP was not dated and the signature section of the ISP was blank. Example 3 Resident 42 Resident 42 was admitted 11/28/2023. The ISP was dated 01/27/2026 and the signature section of the ISP was blank. On 05/28/2026 at 4:12 PM, Surveyor discussed concern of unsigned ISPs with Executive Director QQ, Wellness Coordinator SS and Assistant Executive Director Q. Assistant Executive Director Q stated Resident 19 wanted his/her spouse to review the ISP before s/he signed it. Assistant Executive Director Q stated s/he was unable to find signed copies of Resident 40's and Resident 42's ISPs. Cross Reference: N0454 DHS 83.42(1) Resident Record Maintained	{N 389}		
N 454	83.42(1) Resident record maintained. The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following: (a) Resident ' s full name, sex, date of birth, admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of	N 454		

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N 454	Continued From page 7 significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s. DHS 83.35(1); (i) Individual service plan and resident satisfaction evaluation; (j) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS 83.31(7); (n) Any department-approved resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person administering the medications or supplements, any side effects observed by the employee or symptoms reported by the resident, the need for PRN medications and the resident ' s response, refusal to take medication, omissions of medications, errors in the administration of medications and drug reactions; (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required which affect the care and treatment of a resident; (t) Documentation of all other services including rehabilitation services, treatments and therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s.	N 454		

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N 454	Continued From page 8 DHS 83.30; (v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures. Only time actually spent by the nurse with the resident may be included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's death, including the name of the person to whom the body is released. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident record included completed assessments for 2 of 2 residents reviewed. Resident 19's and Resident 42's records did contain comprehensive assessments. Findings include: On 05/28/2026, Surveyor requested Resident 19's and Resident 42's records including most recent comprehensive assessments from Assistant Executive Director Q. On 05/28/2026 at approximately 12:50 PM, Surveyor received Resident 19's and Resident 42's records from Assistant Executive Director Q. Example 1- Resident 19 Resident 19 was admitted 12/07/2022. The record did not contain a comprehensive assessment. Example 2 Resident 42- Resident 42 was admitted 11/28/2023. The record did not contain a comprehensive assessment.	N 454		

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N 454	Continued From page 9 On 05/28/2026 at 3:14 PM, Surveyor interviewed Assistant Executive Director Q who stated s/he could not find comprehensive assessments in either Resident 19's or Resident 42's records. On 05/28/2026 at 4:12 PM, Surveyor discussed concern of missing comprehensive assessments with Executive Director QQ, Wellness Coordinator SS and Assistant Executive Director Q. Assistant Executive Director Q stated Resident 19 and Resident 42 were not added into the electronic medical record computer program for completion of assessments and s/he did not know when comprehensive assessments were last completed for them. Cross Reference: N0389 DHS 83.35(3)(d) Service Plans Updated Annually Or On Changes	N 454		