STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020740	A. BUILDING: _____ B. WING _____	C 07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD ALZHEIMERS SPECIAL CARE CENTER	4065 N CALHOUD RD BROOKFIELD, WI 53005

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments On 07/23/2025 to 07/28/2025, Surveyor conducted a complaint investigation at Lakewood Alzheimer's Special Care Center. Three deficiencies were identified. The complaint was substantiated. Census: 50	N 000		
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 observation, record review, and interview, the provider did not ensure the individual service plans (ISPs) for Resident 1 was implemented and followed as written. Resident 1's ISP directed staff to assist with as needed laundry services and to maintain Resident 1's closet with clean and seasonally appropriate clothing at all times. On the day of survey, Surveyor observed soiled clothing laying on the carpet of Resident 1's closet. Findings include: On 07/23/2025 at 9:40 AM, Surveyor toured Resident 1's bedroom with Clinical Manager B and Health Service Coordinator C. Resident 1's room had a pungent odor of urine upon entering. Inside Resident 1's closet, Surveyor observed a set of soiled clothing (pants, socks,) that was balled up and laying on Resident 1's carpet.	N 388		

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

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N 388	Continued From page 1 On 07/23/2025, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 11/04/2019 with a diagnosis of Alzheimer's disease. Resident 1 had an activated healthcare power of attorney. Resident 5's ISP with an unknown date documented: "Laundry: Service Provider Responsibilities: Staff will provide twice weekly and as needed laundry services, maintaining [Resident 1's] closet with clean and seasonally appropriate clothing at all times." On 07/23/2025 at 9:45 AM, Surveyor interviewed Clinical Manager B and Health Service Coordinator C. Surveyor asked why the clothes were not placed inside Resident 1's laundry bin. Health Service Coordinator C reported Resident 1's laundry was being completed right now, so staff was supposed to bag the soiled clothing and complete laundry services at that time. Health Service Coordinator C acknowledged staff did not provide laundry services. Surveyor questioned why Resident 1's room had such strong odor of urine. Clinical Manager B and Health Service Coordinator C acknowledged the odor and stated they would have housekeeping inspect the room. On 07/23/2025 at 11:08 AM, Surveyor interviewed Legal Representative E. Legal Representative E reported the odor in Resident 1's room had gotten worse over the last few weeks. Legal Representative E reported ongoing concerns with staff leaving soiled clothing on Resident 1's carpet. Legal Representative E stated s/he would share past emails with the Surveyor regarding concerns with laundry services. Surveyor reviewed emails submitted by Legal Representative E: "06/13/2025 [Legal Representative E] to [Executive Director D]: Hello [Executive Director	N 388		

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N 388	Continued From page 2 D]: A couple new things. Visiting tonight and a wet Depends and soaked pants on [his/her] floor by [Resident 1's] closet. The pants are [his/hers]. Looks like they didn't have a bag to put it in. [Resident 1] has 2 trash cans in [his/her] room with no garbage can liners. I will see if one other the caregivers tonight can add some to [his/her] trash can. I know they get busy and probably forgot to come back for the soiled Depends." Legal Representative E's email from 06/13/2025 included 2 pictures that showed a soiled depend and a pair of pants laying on the carpet outside of Resident 1's closet. On 07/23/2025 at 2:40 PM, Surveyor interviewed Regional RN A and Clinical Manager B. Both staff acknowledged an understanding of the concern and confirmed staff did not provide laundry services to Resident 1 per their ISP. Regional RN A reported the odor of Resident 1's room could be from staff repeatedly placing soiled clothing on Resident 1's carpet instead of the laundry bin. Regional RN A stated s/he would work with maintenance to replace Resident 1's carpet. The provider did not implement Resident 1's ISP as written. The provider did not ensure laundry services were completed leading to repeated occurrences of soiled clothing being left on the floor and a strong odor of urine present in Resident 1's room.	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	N 389		

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N 389	Continued From page 3	N 389		

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 observation, record review, and interview, the individual service plan (ISP) was not updated for Resident 1 when there was a change in resident needs and abilities.

Resident 1's ISP was not updated to include the use of a onesie to prevent digging in his/her peri-area.

Findings include:

On 07/23/2025, Surveyor reviewed Resident 1's record and identified the following:

On 07/23/2025 at 9:41 AM, Surveyor toured Resident 1's room. Surveyor observed a sign above Resident 1's bed that read: "Bedtime?? Please don't forget to put on my snap bedshirt."

On 07/23/2025 at 11:08 AM, Surveyor interviewed Legal Representative E. Legal Representative E reported Resident 1 used the onesie to prevent him/her from digging in his/her peri-area. Legal Representative E reported before using the onesie, we trialed using gloves, but Resident 1

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N 389	Continued From page 4 would just remove them throughout the night. Legal Representative E stated before the onesie, s/he would visit Resident 1 and find his/her fingernails dirty with bowel movement (bm). Legal Representative E stated the onesie buttons at the bottom and had helped to prevent digging. Legal Representative E stated s/he reached out to the facility during the winter of 2024 about coming up with ideas to prevent the above behavior, and the onesie was what I [Legal Representative E] provided. Legal Representative E stated the facility had been using it at least since the spring. Legal Representative E stated s/he would share emails with the Surveyor on his/her attempts to address the above behavior. On 07/23/2025 at 12:59 PM, Surveyor observed a blue onesie that resembled a bodysuit. The onesie was blueish/gray, long sleeved, and had a snap closure at the crotch area. On 07/23/2025 between 12:59 PM to 1:10 PM, Surveyor interviewed Floor Supervisor F. Floor Supervisor F took the Surveyor into Resident 1's room and showed him/her the onesie staff used. Floor Supervisor F reported staff put the onesie on Resident 1 each night to prevent him/her from rectal digging. Floor Supervisor F reported s/he had found Resident 1 covered in bm and s/he would smear it on the wall. Floor Supervisor F stated Resident 1 can unbutton the onesie if needed, but s/he often leaves it alone. On 07/23/2025 at 1:15 PM, Surveyor interviewed Caregiver G. Caregiver G reported staff used Resident 1's onesie nightly to prevent him/her from digging in his/her peri-area. Caregiver G reported s/he had been working at the facility for 3 months and the onesie was in place when s/he started.	N 389		

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N 389	Continued From page 5 Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 11/04/2019 with a diagnosis of Alzheimer's disease. Resident 1 had an activated healthcare power of attorney. Resident 5's ISP with an unknown date documented: "Supervision: 24-hour supervision. List any adaptive equipment: Hoyer, Broda Chair, Point of Rescue. Dressing: Care staff will offer two seasonal appropriate clothing choices each morning. Care staff will encourage resident to dress themselves to the best of their abilities. Care staff will provide hands on assistance to complete all dressing tasks in the morning and night." The ISP did not address the use of the onesie to prevent digging. Resident 1's progress notes documented: "01/07/2025: resident is having consistent diarrhea through the night. Resident is continuing to take gloves off at night and smearing poop on the walls. Resident is very aggressive to care staff when being changed." Surveyor reviewed emails submitted by Legal Representative E: "11/25/2024: [Legal Representative E] to [Former Administrator H]: Good morning, Not the kind of email that I wanted to send. I just want to help my [mom/dad] and figure out a solution. Please see pictures attached. When I arrived yesterday afternoon, [Resident 1] had dried feces within [his/her] nails. I took time and cleaned [him/her] up. [Resident 1] is unaware and I provided a bag of gloves at [his/her] bedside. Can we try the gloves please. Would it be possible for a sign to be placed at the head of [his/her] bed? The gloves need to be thrown away if [s/he] is digging and soils it.	N 389		

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N 389	Continued From page 6 Or I propose a DME mitten that is placed on [him/her]. I have no issue with this device. What I have issue with is finding my [mom/dad] in this condition. Please help. I am available today for a call as well." Legal Representative E's email from 11/25/2024 included a photo of Resident 1's fingernails covered in bm. On 07/23/2025 at 2:40 PM, Surveyor interviewed Regional RN A and Clinical Manager B. Surveyor questioned why Resident 1's ISP was not updated to include the use of the onesie to prevent digging. Both staff stated they were unaware Resident 1 used the onesie to prevent digging. Surveyor showed management pictures of the onesie and shared interviews with staff and Legal Representative E confirmed the onesie was being used for months. Regional RN A acknowledged Resident 1's ISP was not updated. Regional RN A and Clinical Manager B stated they would update Resident 1's ISP.	N 389		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response	N 415		

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N 415	Continued From page 7 shall be documented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure proper documentation within the Medication Administration Record (MAR) for 1 of 1 resident reviewed. Resident 1's MARs had 28 blanks over 4 months of record review. Findings include: On 07/23/2025, Surveyor reviewed Resident 1's record and identified the following: Resident 1 was admitted to the facility on 11/04/2019 with a diagnosis of Alzheimer's disease. Resident 1 had an activated healthcare power of attorney. Resident 5's ISP with an unknown date documented medications were administered by staff. Resident 1's MARs, dated 03/01/2025 to 07/22/2025 documented: "-Acetaminophen 325 mg, with directions to take 2 tablets by mouth 3x/daily, 8am, 4pm, 8pm, with a start date of 02/28/2025. Not documented as administered on the following dates: 03/16-4pm, 04/02-4pm, 04/14-4pm, 04/19-8am, 04/30-12pm, 05/12-8pm, 05/16-8pm, 05/21-8pm, 05/29-8am, 05/30-4pm & 8pm, 06/01-8pm. -Memantine 7 mg, with directions to take 1 capsule by mouth in the morning, with a start date of 11/13/2024.	N 415		

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N 415	Continued From page 8 Not documented as administered on the following dates: 04/19-8am, 05/29-8am. -Nystatin, with directions to apply topically to perineal area 2 times a day until healed (rash), with a start date of 01/23/2025. Not documented as administered on the following dates: 04/19-8am, 05/12-8pm, 05/16-8pm, 05/21-8pm, 05/29-8am, 05/30-8pm, 06/01-8pm. -Sertraline 50 mg, with directions to take 1 tablet by mouth in the morning (depression), with a start date of 11/13/2024. Not documented as administered on the following dates: 04/19-8am, 05/29-8am. -Senna Docusate 8.6-50 mg, with directions to take 2 tablets by mouth 2 times at bedtime (constipation), with a start date of 03/03/2025. Not documented as administered on the following dates: 05/12-8pm, 05/16-8pm, 05/21-8pm, 05/30-8pm, 06/01-8pm. On 07/23/2025 at 2:40 PM, Surveyor interviewed Regional RN A and Clinical Manager B regarding the blank entries on Resident 1's MARs. Regional RN A acknowledged the MAR's had many missing blanks of administrations. Regional RN A reported the provider switched to a new electronic health record in the spring, and ongoing retraining was being completed with staff.	N 415		