STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018808	A. BUILDING: _____ B. WING _____	C 03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBORETUM (THE)	**W 180 N7890 TOWN HALL RD MENOMONEE FALLS, WI 53051**

(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 03/18/2025, Surveyor conducted a complaint investigation at The Arboretum. Three deficiencies were identified. One of 3 deficiencies was a repeat violation. See Statement of Deficiency (SOD) GUIE11, dated 09/15/2023. The complaint was substantiated. Census: 42	N 000		
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 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 5 blanks over 33 days of admission where scheduled insulin should have been documented.	N 415		

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

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N 415	Continued From page 1 This is a repeat deficiency. See Statement of Deficiency (SOD) GUIE11, dated 09/15/2023. Findings include: On 12/30/2024, the Department received a complaint alleging care concerns. On 03/18/2025, Surveyor reviewed Resident 1's record and identified the following: Resident 1 was admitted to the provider on 05/31/2024 and s/he discharged on 07/03/2024. Resident 1 had diagnoses of dementia and diabetes. Resident 1 had an activated healthcare power of attorney. Resident 1's most recent individual service plan (ISP) dated 05/17/2024 indicated s/he required assistance with medication administration. Resident 1's physician orders included the following: "Insulin Lispro Kwik Pen 100U/ML with instructions to inject 4 units subcutaneously three times daily before meals (8am, 12pm, 4pm) with a start date of 05/30/2024." Surveyor reviewed Resident 1's June and July 2024 MAR. Between 06/01/2024-07/03/2024, Resident 1's MARs had missing entries for his/her insulin on the following dates: -06/05/2024 (4pm) -06/13/2024 (8am) -06/14/2024 (12pm) -06/15/2024 (12pm) -07/01/2024 (12pm) On 03/18/2025 at 10:10 AM, Surveyor interviewed Family Member B regarding Resident 1's diabetes management while admitted at the facility. Family Member B reported Resident 1	N 415		

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N 415	Continued From page 2 had a continuing glucose monitoring system that was placed on the back of his/her arm every 2 weeks. Family Member B reported s/he could see the results of each check through Resident 1's Aurora Live Well health portal. Family Member B stated s/he was worried when no readings showed up on multiple dates and reported these concerns to Director of Nursing (DON) A. Family Member B stated s/he was told by DON A the blood sugars could not be addressed until a primary care physician (PCP) was established, but this did not make sense because Resident 1 had a PCP upon admission. On 03/18/2025 at 2:12 PM, Surveyor interviewed DON A regarding Resident 1's missing insulin administrations on his/her MAR for June and July 2024. DON A acknowledged Resident 1's MAR did have blank entries for his/her insulin. DON A stated since the errors were so long ago, s/he did not know why staff did not record his/her insulin administrations.	N 415		
N 431	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents 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	N 431		

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N 431	Continued From page 3 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 that Resident 1's health was monitored in relation to his/her blood sugar levels and rash discovered after discharge. Resident 1 was admitted for 33 days and experienced 20 blood glucose readings over 300 and 4 over 400 and the record did not include notification to his/her physician. Upon admission, Resident 1 was noted to be at risk for skin issues. Staff were directed to report to supervisor any redness or new skin issues are noted on skin. The day after discharge (07/04/2024), Resident 1 was diagnosed with a UTI and a red "beefy" rash under bilateral breasts and pannus. The record did not contain any evidence Resident 1 was experiencing symptoms associated with a UTI or a rash.	N 431		

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N 431	Continued From page 4 Findings include: On 12/30/2024, the Department received a complaint alleging care concerns from the provider. On 03/18/2025, Surveyor reviewed Resident 1's record and identified the following: Resident 1 was admitted to the provider on 05/31/2024 and s/he discharged on 07/03/2024. Resident 1 had diagnoses of dementia and diabetes. Resident 1 had an activated healthcare power of attorney. A review of Resident 1's facesheet indicated Physician C as his/her primary care physician (PCP). Resident 1's providers plan of care dated 05/14/2024 was signed by Physician C. Resident 1's most recent individual service plan (ISP) dated 05/17/2024 indicated the following: Under Skin Monitoring: "Staff will monitor resident's skin for issues. Location: rash under bilateral breasts and adb folds. Describe: Staff to report to supervisor any redness or new issues are noted on skin. Under Medications: Assistance: Staff will assist resident with medication administration as need per physicians orders." Resident 1's pre-admission assessment dated 05/17/2024 documented: "Resident has current skin issues and/or is at risk for skin issues and needs MONITORING assistance. Notes: Location: rash under bilateral breasts and abd folds. Describe: Staff to report to supervisor any redness or new issues are noted on skin." Resident 1's physician orders documented:	N 431		

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-"Insulin Lispro Kwik Pen 100U/ML with instructions to inject 4 units subcutaneously three times daily before meals (8am, 12pm, 4pm), with a start date of 05/30/2024."
-"Freestyle Libre 2 Sensor with instructions to change glucose sensor every 2 weeks, use to monitor blood sugar as directed, with a start date of 06/14/2024."
-"Lantus Solostar 100unit/ML Pen with instructions to inject 22 units subcutaneously once a day (8am), with a start date of 06/01/2024."

Surveyor reviewed Resident 1's June and July 2024 Medication Administration Records (MARs). Between 06/01/2024-07/03/2024, Resident 1 experienced 20 glucose readings that were above 300 and 4 that were above 400 on the following dates:
-06/01/2024 (8am): 315
-06/01/2024 (12pm): 449
-06/01/2024 (4pm): 340
-06/02/2024 (12pm): 455
-06/03/2024 (12pm): 476
-06/04/2024 (8am): 324
-06/04/2024 (4pm): 445
-06/05/2024 (12pm): 310
-06/09/2024 (4pm): 316
-06/11/2024 (4pm): 311
-06/12/2024 (4pm): 338
-06/14/2024 (4pm): 350
-06/15/2024 (4pm): 307
-06/21/2024 (4pm): 338
-06/22/2024 (4pm): 315
-06/23/2024 (12pm): 339
-06/26/2024 (4pm): 397
-06/27/2024 (4pm): 308
-06/29/2024 (12pm): 303
-06/29/2024 (4pm): 371
-06/30/2024 (4pm): 350

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N 431	Continued From page 6 -07/01/2024 (4pm): 301 -07/02/2024 (12pm): 333 -07/02/2024 (4pm): 308 Resident 1's after visit summary dated 07/04/2024-07/05/2024 documented: "Chief complaint/history of present illness: [Resident 1] has had 1 day of right-sided back pain. [Family Member B] is pretty sure this is a UTI. Patient does have dementia at baseline. [S/he] did complain of back a few days ago as well. [S/he] recently left a nursing home, [Family Member B] states [s/he] was not well cared for. [S/he] had trouble sitting up due to the pain. [Family Member B] states [s/he] is incontinent at baseline, but [s/he] did get up and urinate over the floor today which is not normal. Mild abdominal tenderness. However patient is battling a yeast infection under pannus and bilateral breasts. Treating with diaper cream. Also complains of leg swelling .....Skin: Clear to inspection and palpation. With exception of red beefy rash under bilateral breasts and pannus. No rash noted to the left flank .....Peripheral vascular: Mild edema noted to bilateral lower extremities .....UA is pending. Will start on Omnicef b.i.d. for 7 days ... ...Please inform patient's family that the urine does show nitrates, white cells, and bacteria. Continue the cefdinir as prescribed .....The glucose level is slightly elevated at 137." Resident 1's record from the provider did not include any information regarding skin issues during his/her admission. Surveyor reviewed a grievance form dated 06/24/2024 filed on behalf of Resident 1. It documented: "Summary of Grievance: [Family Member B]	N 431		

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reported the following concerns: hearing aids not always in, housekeeper did not clean well enough on 06/19/24, staff on cellphones, elevated blood sugars/not being seen by Oak Medical provider yet, waiting to be let on and off the memory care unit.
Grievance Investigation and Interventions to Resolve Grievance: Resident frequently takes hearing aid out and misplaces them. When this happens staff look for them. Follow up done with housekeeping. Reminder sent to all clinical staff about cellphone policy. [DON A] spoke with [Family Member B] on the phone about Oak Medical. No paperwork had been completed/turned in by family. [Family Member B] then informed Oak Med is not in network. [DON A] provided the name of another provider who could provide similar services. Blood sugars cannot be addressed until PCP is established. Policy for secured unit explained and understood."

On 03/18/2025 at 10:10 AM, Surveyor interviewed Family Member B regarding Resident 1's diabetes management and skin concerns while admitted at the facility. Family Member B reported Resident 1 had a continuing glucose monitoring system that was placed on the back of his/her arm every 2 weeks. Family Member B reported s/he could see the results of each check through Resident 1's Aurora Live Well health portal. Family Member B stated s/he was worried when "High" readings showed up on multiple dates so s/he reported these concerns to Director of Nursing (DON) A. Family Member B stated s/he was told by DON A the blood sugars could not be addressed until a primary care physician (PCP) was established, but this did not make sense because Resident 1 had a PCP upon admission. Family Member B reported the

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N 431	Continued From page 8	N 431		

provider wanted Resident 1 to see an in-house provider, but the one offered was out of his/her network. Family Member B stated s/he was unsure if the provider reported Resident 1's high blood sugars to Physician C. Family Member B reported Resident 1 did not receive the care the provider promised resulting in Resident 1 being left in urine-soaked clothing and no improvements of care after concerns were reported to DON A on 2 separate occasions. Family Member B reported we were so dissatisfied with the provider's care, we removed Resident 1 from the facility on 07/03/2024 and took him/her to urgent care on 07/04/2024. Family Member B reported urgent care discovered Resident 1 had a UTI and a significant yeast infection under his/her breasts and abdominal fold. Family Member B stated Resident 1 developed edema in his/her bilateral legs and feet since admission and complained of back pain to staff prior to discharge. Family Member B noted Resident 1 was very accepting of care and does not understand how s/he developed such a significant rash and UTI.

On 03/18/2024 at 1:05 PM, Surveyor interviewed DON A regarding the above concerns. Surveyor questioned when Resident 1 had 20 blood sugar readings over 300 and 4 over 400, why wasn't this reported to their PCP. DON A reported Resident 1's blood sugar monitoring order did not specifically say to report high readings to their PCP. DON A reported the expectation was for staff to check Resident 1's blood sugars before meals. Surveyor asked DON A why s/he did not call Physician C to clarify Resident 1's orders, DON A stated "that's a good question, it should have been done." DON A acknowledged a standard of practice would have been for the provider to call Physician C regarding Resident

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N 431	Continued From page 9 1's diabetes management. DON A reported s/he was trying to help Resident 1 get signed up with an in-house medical provider but s/he discharged prior to this occurring. On 03/18/2025 at 2:12 PM, Surveyor interviewed DON A regarding Resident 1's skin issues. DON A reported s/he conducted Resident 1's pre-admission assessment in May 2024 and noted s/he was at risk for skin issues and did not have any current issues upon admission. Surveyor expressed concern how Resident 1 could be diagnosed with a "beefy" rash 1 day after discharge and there was no documentation in his/her record regarding the rash. DON A acknowledged staff were to report any skin issues to their supervisor but noted due to concerns occurring almost 9 months ago, s/he could not comment why the record was missing this information.	N 431		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all rooms were clean and free from odors. Findings include: On 12/30/2024, the Department received a complaint alleging concerns with cleanliness in the facility. On 03/18/2025 at 10:02 AM to 11:29 AM,	N 489		

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N 489	Continued From page 10 Surveyor toured the facility and observed the following: Resident 2's bedroom: -The carpet had food crumbs throughout the room. The shower bench observed in the bathroom had dried brown stains consistent with fecal matter. The cabinet drawer under the bathroom vanity appeared water damaged/rotten. Resident 3's bedroom: -The carpet was covered in small pieces of what appeared to be shredded paper products. The couch had faded brown stains consisted with fecal matter. The cabinet drawer under the bathroom vanity appeared water damaged/rotten. Resident 4's bedroom: -The carpet had many stains throughout the bedroom. Inside the bathroom, observed soiled clothing piled on the shower chair. The bathroom had a pungent urine odor. Resident 5's bedroom: -The floor was covered in food crumbs. Resident 6's bedroom: -Surveyor observed brown stains consistent with fecal matter on the sheets of the bed. There were brown stains consistent with fecal matter throughout the carpet. On 03/18/2025 at 10:50 AM, Surveyor interviewed Family Member D regarding the cleanliness concerns observed in Resident 6's room. Family Member D reported s/he was the [son/daughter] to Resident 6 and visited 2 times per week. Family Member D reported the lack of cleanliness in Resident 6's room was a concern for their family. Family Member D stated Resident	N 489		

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N 489	Continued From page 11 6 had weekly bowel movement (bm) accidents and stains in the carpet and bedding was observed often. Family Member D reported in order to get the bm stains removed from the carpet s/he had to fill out work orders at the front desk and the process was not always timely. Resident 7's bedroom: -The carpet had many stains throughout the bedroom. Part of the window seal molding was peeling and exposing the wood underneath. Resident 8's bedroom: -The carpet was covered in small pieces of what appeared to be shredded paper products. On 03/18/2025 at 12:51 PM, Surveyor interviewed Charge Nurse E regarding cleanliness concerns observed during the tour. Charge Nurse E reported maintenance completes all carpet cleaning after work orders are submitted. Charge Nurse E stated carpet cleaning was sometimes timely. Charge Nurse E stated residents were responsible for cleaning stains on their furniture. Charge Nurse E reported most residents on the memory care unit are incontinent which results in many accidents in resident rooms. On 03/18/2025 at 2:12 PM, Surveyor conducted an exit conference and shared findings with DON A. DON A explained the provider's housekeeping schedule but acknowledged an understanding of the concerns observed during the tour. DON A stated their executive director was currently on leave but would work with him/her to ensure cleanliness on the unit.	N 489		