

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525700	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2025
NAME OF PROVIDER OR SUPPLIER Congregational Home, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 13900 W Burleigh Rd Brookfield, WI 53005	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Number of residents sampled:8 of 12Number of residents cited:Based on interview and record review, the facility did not ensure admission and annual comprehensive Minimum Data Set (MDS) assessments were completed in the timeframe prescribed in the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual for 8 (R38, R47, R48, R49, R53, R66, R79, and R91) of 12 residents reviewed for late MDS assessments.*R38's admission MDS assessment dated [DATE] was in progress and had not been completed at the time of survey, 7/30/2025.*R47's Annual MDS assessment dated [DATE] was in progress and had not been completed at the time of survey, 7/30/2025.*R48's admission MDS assessment dated [DATE] was in progress and had not been completed at the time of survey, 7/30/2025.*R49's admission MDS assessment dated [DATE] was in progress and had not been completed at the time of survey, 7/30/2025.*R53's admission MDS assessment dated [DATE] was in progress and had not been completed at the time of survey, 7/30/2025.*R66's admission MDS assessment dated [DATE] was in progress and had not been completed at the time of survey, 7/30/2025.*R79's admission MDS assessment dated [DATE] was in progress and had not been completed at the time of survey, 7/30/2025.*R91's admission MDS assessment dated [DATE] was in progress and had not been completed at the time of survey, 7/30/2025.Findings include:The Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual dated 10/2024 documents: The admission assessment is a comprehensive assessment for a new resident . that must be completed by the end of day 14, counting the date of admission to the nursing home as day 1. The Annual assessment is a comprehensive assessment for a resident that must be completed on an annual basis (at least every 366 days) unless an SCSA or an SCPA has been completed since the most recent comprehensive assessment was completed. The MDS completion date (item Z0500B) must be no later than 14 days after the ARD (Assessment Reference Date) (ARD + 14 calendar days). This date may be earlier than or the same as the CAA(s) (Care Area Assessment) completion date, but not later than. The CAA(s) completion date (item V0200B2) must be no later than 14 days after the ARD (ARD + 14 calendar days). This date may be the same as the MDS completion date, but not earlier than.1.) R38 was admitted to the facility on [DATE]. Per the RAI Manual, R38's admission MDS assessment must be completed by 7/17/2025. On 7/30/2025, R38's admission MDS assessment was In Progress and not completed.2.) R47's Annual MDS assessment dated [DATE], per the RAI Manual, must be completed by 6/27/2025. On 7/30/2025, R10's Annual MDS assessment was In Progress and not completed.3.) R48 was admitted to the facility on [DATE]. Per the RAI Manual, R48's admission MDS assessment must be completed by 7/28/2025. On 7/30/2025, R48's admission MDS assessment was In Progress and not completed.4.) R49 was admitted to the facility on [DATE]. Per the RAI Manual, R49's admission MDS assessment must be completed by 7/14/2025. On 7/30/2025, R49's admission MDS assessment was In Progress and not completed.5.) R53 was admitted to the facility on [DATE]. Per the RAI Manual, R53's admission MDS assessment must be completed by 7/22/2025. On 7/30/2025, R53's admission MDS assessment was In Progress and not completed.6.) R66 was admitted to the facility on [DATE]. Per the RAI Manual, R66's admission MDS assessment must be completed by 7/15/2025. On 7/30/2025, R66's admission MDS assessment was In Progress and not completed.7.) R79 was admitted to the facility on [DATE]. Per the RAI Manual, R79's admission MDS assessment must be completed by 7/3/2025. On 7/30/2025, R79's admission MDS assessment was In Progress and not completed.8.) R91 was admitted to the facility on [DATE]. Per the RAI Manual, R91's admission MDS assessment must be completed by 7/29/2025. On 7/30/2025, R91's admission MDS assessment was In Progress and not completed.In a phone interview on 7/30/2025, at 11:34 AM, Surveyor asked MDS Coordinator-C how many MDS Coordinators the facility had and who completes the MDS assessments. MDS Coordinator-C stated MDS Coordinator-C is the only full time MDS Coordinator at the facility. MDS Coordinator-C stated MDS Coordinator-C cannot keep up with all the assessments anymore, so MDS Coordinator-C is teaching another Registered Nurse (RN) the process. MDS Coordinator-C stated MDS Coordinator-C was currently on vacation and another nurse that is part of their pool nurses is covering for MDS Coordinator-C during this time. MDS Coordinator-C stated the facility has been trying to find someone for the position and they just found someone that is willing to try it. MDS Coordinator-C stated MDS Coordinator-C is concentrating on getting the Medicare MDS assessments done so the quarterly MDS assessments are on the back burner. MDS Coordinator-C stated MDS assessments are late and due to lack</p>		

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<p>F 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Number of residents sampled:2 of 12Number of residents cited:Based on interview and record review, the facility did not ensure quarterly Minimum Data Set (MDS) assessments were completed in the timeframe prescribed in the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual for 2 (R61 and R88) of 12 residents reviewed for late MDS assessments.*R61's Quarterly MDS assessment dated [DATE] was completed after the specified timeframe.*R88's Quarterly MDS assessment dated [DATE] was in progress and not completed by 7/4/2025 as specified in the RAI 3.0 User's Manual.Findings include:The Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual dated 10/2024 documents: The Quarterly assessment is an OBRA (Omnibus Budget Reconciliation Act) non-comprehensive assessment for a resident that must be completed at least every 92 days following the previous OBRA assessment of any type. The MDS completion date (item Z0500B) must be no later than 14 days after the ARD (Assessment Reference Date) (ARD + 14 calendar days).1.) R61's Quarterly MDS assessment dated [DATE], per the RAI Manual, must be completed by 7/3/2025. R61's Quarterly MDS was completed on 7/26/2025, 23 days after it was due to be completed.2.) R88's Quarterly MDS assessment dated [DATE], per the RAI Manual, must be completed by 7/4/2025. On 7/30/2025, R88's Quarterly MDS assessment was In Progress and not completed.In a phone interview on 7/30/2025, at 11:34 AM, Surveyor asked MDS Coordinator-C how many MDS Coordinators the facility had and who completes the MDS assessments. MDS Coordinator-C stated MDS Coordinator-C is the only full time MDS Coordinator at the facility. MDS Coordinator-C stated MDS Coordinator-C cannot keep up with all the assessments anymore, so MDS Coordinator-C is teaching another Registered Nurse (RN) the process. MDS Coordinator-C stated MDS Coordinator-C was currently on vacation and another nurse that is part of their pool nurses is covering for MDS Coordinator-C during this time. MDS Coordinator-C stated the facility has been trying to find someone for the position and they just found someone that is willing to try it. MDS Coordinator-C stated MDS Coordinator-C is concentrating on getting the Medicare MDS assessments done so the quarterly MDS assessments are on the back burner. MDS Coordinator-C stated MDS assessments are late and due to lack of assistance with the MDS Coordinator position, MDS Coordinator-C is not able to address all the assessments timely. MDS Coordinator-C agreed multiple MDS assessments are late in completing and transmitting them.On 7/30/2025 at 2:58 PM, Surveyor shared with Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B the concerns with incomplete or late Quarterly MDS assessments for R61 and R88. Surveyor provided NHA-A a detailed list of the timing of the Quarterly MDS assessments and the concern with the status of each MDS assessment.</p>		

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. (continued on next page)		

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<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Number of residents sampled:6 of 12Number of residents cited:Based on interview and record review, the facility did not ensure admission, quarterly, and discharge Minimum Data Set (MDS) assessments were completed and transmitted in the timeframe prescribed in the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual for 6 (R24, R47, R61, R79, R81, and R88) of 12 residents reviewed for late MDS assessments.*R24's Discharge Return Not Anticipated MDS assessment dated [DATE] was not completed or transmitted by the specified timeframe.*R47's Annual MDS assessment dated [DATE] was not transmitted by the specified timeframe.*R61's Quarterly MDS assessment dated [DATE] was not transmitted by the specified timeframe.*R79's admission MDS assessment dated [DATE] was not transmitted by the specified timeframe.*R81's Discharge Return Anticipated MDS assessment dated [DATE] was not completed or transmitted by the specified timeframe.*R88's Quarterly MDS assessment dated [DATE] was not transmitted by the specified timeframe.Findings include:The Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual dated 10/2024 documents: The admission assessment is a comprehensive assessment for a new resident and, under some circumstances, a returning resident that must be completed by the end of day 14, counting the date of admission to the nursing home as day 1 . The MDS completion date (item Z0500B) must be no later than day 14. This date may be earlier than or the same as the CAA(s) (Care Area Assessments) completion date, but not later than. The CAA(s) completion date (item V0200B2) must be no later than day 14. The care plan completion date (item V0200C2) must be no later than 7 calendar days after the CAA(s) completion date (item V0200B2) (CAA(s) completion date + 7 calendar days). Transmission Date No Later Than: Care Plan Completion Date + 14 calendar days. (The Quarterly assessment) MDS must be transmitted (submitted and accepted into iQIES) electronically no later than 14 calendar days after the MDS completion date (Z0500B + 14 calendar days). The Entry tracking record is the first item set completed for all residents. Must be completed within 7 days after the admission/reentry. Must be submitted no later than the 14th calendar day after the entry (entry date (A1600) + 14 calendar days). OBRA Discharge assessments consist of discharge return anticipated and discharge return not anticipated. Must be completed (item Z0500B) within 14 days after the discharge date (A2000 + 14 calendar days). Must be submitted within 14 days after the MDS completion date (Z0500B + 14 calendar days).1.) R24 was discharged from the facility on 6/6/2025. Per the RAI Manual, R24's Discharge Return Not Anticipated MDS assessment must be completed by 6/20/2025 and transmitted by 7/4/2025. R24's Discharge Return Not Anticipated MDS assessment was completed on 7/26/2025, 22 days late, and had not been transmitted at the time of survey on 7/30/2025.2.) R47's Annual MDS assessment dated [DATE], per the RAI Manual, must be transmitted by 7/11/2025. On 7/30/2025, R47's Annual MDS assessment had not been transmitted at the time of survey.3.) R61's Quarterly MDS assessment dated [DATE], per the RAI Manual, must be transmitted by 7/17/2025. On 7/30/2025, R61's Quarterly MDS assessment had not been transmitted at the time of survey.4.) R79 was admitted to the facility on [DATE]. Per the RAI Manual, R79's admission MDS assessment must be transmitted by 7/24/2025. On 7/30/2025, R79's admission MDS assessment had not been transmitted at the time of survey.5.) R81 was discharged from the facility on 5/14/2025. Per the RAI Manual, R81's Discharge Return Anticipated MDS assessment must be completed by 5/28/2025 and transmitted by 6/11/2025. R81's Discharge Return Anticipated MDS assessment was completed on 5/30/2025, 2 days late, and had not been transmitted at the time of survey on 7/30/2025.6.) R88's Quarterly MDS assessment dated [DATE], per the RAI Manual, must be transmitted by 7/18/2025. On 7/30/2025, R88's Quarterly MDS assessment had not been transmitted at the time of survey.In a phone interview on 7/30/2025, at 11:34 AM, Surveyor asked MDS Coordinator-C how many MDS Coordinators the facility had and who completes the MDS assessments. MDS Coordinator-C stated MDS Coordinator-C is the only full time MDS Coordinator at the facility. MDS Coordinator-C stated MDS Coordinator-C cannot keep up with all the assessments anymore, so MDS Coordinator-C is teaching another Registered Nurse (RN) the process. MDS Coordinator-C stated MDS Coordinator-C was currently on vacation and another nurse that is part of their pool nurses is covering for MDS Coordinator-C during this time. MDS Coordinator-C stated the facility has been trying to find someone for the position and they just found someone that is willing to try it. MDS Coordinator-C stated MDS Coordinator-C is concentrating on getting the Medicare MDS assessments done so the quarterly MDS assessments are on the back burner. MDS Coordinator-C stated MDS assessments</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Number of residents sampled:4Number of residents cited:1Based on interview and record review, the facility did not ensure each resident received adequate supervision and assistance to prevent accidents for 1 (R35) of 4 Residents reviewed for falls.*On 5/28/25, Certified Nursing Assistant (CNA)-N rolled R35 away from CNA-N during incontinence cares and R35 rolled off the bed and onto the floor. Findings Include:The facility's Safe Resident Handling, policy and procedure modified 8/21/19 documents: .F. If only one person assisting Resident should be rolled towards caregiver vs away from them. Call for extra assist as needed.R35 was admitted to the facility on [DATE] with diagnoses of Paroxysmal Atrial Fibrillation (Irregular, rapid heart rate that causes poor blood flow), Hypothyroidism (underactive thyroid), Essential Hypertension (chronic condition of persistently high blood pressure), Chronic Kidney Disease (progressive damage and loss of function in the kidneys), Chronic Respiratory Failure (long-term condition where the lungs are unable to adequately exchange oxygen and carbon dioxide), Vascular Dementia (brain damage caused by multiple strokes), and Anxiety Disorder (mental health disorder characterized by feelings of worry, fear that interfere with daily activities). R35 has an activated Health Care Power of Attorney (HCPOA).R35's Quarterly Minimum Data Set (MDS) completed 6/5/25 documents R35's Brief Interview for Mental Status (BIMS) score to be 8, indicating R35 demonstrates moderately impaired skills for daily decision making. R35 has no range of motion impairment. R35's MDS documents R35 is dependent on staff for activities of daily living, mobility, and transfers. R35's MDS also documents R35 has had 2 or more falls prior to admission or prior assessment with no injury.R35's Morse Fall Scale assessment completed 5/8/25, documents R35's score to be 14 indicating R35 is at moderate risk for falls.R35's Morse Fall Scale assessment completed 6/5/25, documents R35's score to be 18, indicating R35 is at high risk for falls.Surveyor observed R35's bed in the low position, directly next to the wall on the right side of the bed.On 7/30/2025, at 1:12 PM, Surveyor reviewed the facility's post fall report for R35's incident on 5/28/25. The following is documented:CNA-N had R35 roll towards the wall so incontinence cares could be done, and R35 rolled too far and fell into the crack between the bed and the wall. CNA-N tried to catch R35, but it didn't work. R35 did not sustain an injury. A new intervention of assist of 2 for bed mobility was implemented for R35. Surveyor notes as of 6/3/25, R35's Visual/Bedside Kardex Report document was updated to require 2 staff assist for bed mobility.On 7/31/2025, at 7:39 AM, Surveyor interviewed CNA-F. CNA-F stated for a 1 person assist, CNA-F will roll Resident away if the bed is directly next to the wall when providing incontinence cares, if there is nothing on the other side of the bed, will roll the Resident towards CNA-F.On 7/31/2025, at 7:45 AM, Surveyor interviewed CNA-E who stated they would roll the Resident away and hold with their left hand and wipe with right hand because CNA-E is right-handed and then roll back towards CNA-E for a Resident that is assist of 1.On 7/31/2025, at 9:29 AM, Nursing Care Manager (NCM)-D informed Surveyor the expectation of staff providing incontinence care to a resident that required assist of 1 staff was to roll the Resident towards one-self. On 7/31/2025, at 9:41 AM, Surveyor interviewed CNA-G who stated they would roll a Resident toward CNA-G when providing incontinence care if the resident required assist of 1. On 7/31/25, at 11:53 AM, Director of Nursing (DON)-B stated the expectation is to roll a Resident toward the caregiver when providing incontinence care for a Resident requiring assist of 1. DON-B believes R35 slid between the wall and the bed. DON-B stated CNA-N started cleaning R35 towards CNA-N but pushed R35 away to finish cleaning. DON-B is not sure if the bed was completely against the wall and R35 slid down, or CNA-N didn't lock the brakes on the bed when providing cares. DON-B stated DON-B re-educated CNA-N only, not all nursing staff. Surveyor shared the concern of R35 rolling from bed to the floor due to CNA-N rolling R35 away from CNA-N when providing incontinence cares. DON-B understands the concern of CNA-N not providing adequate assistance to avoid R35 from rolling from bed to floor.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Number of residents sampled: 61 Number of residents cited: Based on observation, interview and record review, the facility did not ensure food was prepared, and served, in a sanitary manner. This was observed with the dish machine and the facility's 3 compartment sink which has the potential to affect all 61 Residents that reside at the facility.* The facility did not ensure the facility kitchen dish machine was functioning to sanitize dishware.* The facility did not ensure proper procedure for sanitization of dishes involving the 3-compartment sink. Findings include: The facility's Dish Machine policy and procedure dated 1/24/25 documents: . Dietary Supervisor will routinely log Dish Machine Temperatures to assure proper sanitizing of dishes in the Dish Machine Temp Log. 1. Staff will monitor dish machine temperatures throughout the dishwashing process. 2. Staff will record dish machine temperatures for the wash and rinse cycles at each meal. 3. Staff will be trained to report any problem with the dish machine or temperatures to the Culinary Director as soon as they occur. 4. The Culinary Director will promptly assess any dish machine problem and take action to immediately assure proper sanitation of dishes. The facility's Manual Cleaning and Sanitizing with 3 Compartment Sink, policy and procedure effective 1/5/24 documents: . 5. [NAME] washing, rinsing, and sanitizing procedure is conducted in the following sequence: a. The sink is cleaned before each use. Spray, scrape, or soak item before washing. c. 1st sink: Equipment and utensils are thoroughly washed in the first sink in a detergent solution. d. 2nd sink: Equipment and utensils are rinsed free from detergent with clean, hot water. e. 3rd sink: Remains empty. f. Equipment and utensils are sent through the dish machine for final washing and sanitizing. (dish machine temperatures are monitored per dish machine operational requirements standard). Note: Dish machine related issues or concerns need to be reported immediately to on-duty supervisor. On 7/29/2025, at 9:17 AM, Surveyor observed the dish machine process. Surveyor observed the 2 front gages on the front of the dish machine. The gage to the left for rinse reads at 130 and has not moved. The gage to the right for wash also reads at 130 and has not moved. The back gage for final rinse reads 150. Surveyor observes staff continue to push dishes through the dish machine while Surveyor and Director of Nutritional Services (DNS)-H observe the process. Surveyor asked DNS-H what the correct temperatures of the dish machine should be. DNS-H stated the wash should be at 150 and the rinse should be about 148-150. DNS-H confirmed the dish machine is a high temperature dish machine. Surveyor requested the manufacturer's guidelines for the dish machine. At this time, Surveyor also observed dishes in the 3-compartment sink. Surveyor requested a test strip be done in the sanitizer sink. Surveyor and DNS-H observed each of the 3 sinks had water with dishes in them. DNS-H did a test strip of the 3rd compartment sink which DNS-H confirmed is the sanitizer sink. The test strip read at 0. DNS-H stated the water must have been sitting for a while. DNS-H stated it should read between 200-400. On 7/29/2025, at 2:54 PM, Surveyor reviewed the dish machine manual which documents: High temp dish machine Allow machine to come to temperature Wash Recommended 150 degrees Pumped Rinse Recommended 160 degrees Final Rinse Recommended 180-195 degrees Surveyor notes the temperatures of the dish machine being run in the morning were not within the manufacturer's specifications. On 7/30/2025, at 8:28 AM, Surveyor and Director of Plant Operations (DPO)-K observed the dish machine together. DPO-K explained the 2 gages in the front. DPO-K confirmed that wash should be at 150, rinse at 160, and the final rinse temperature should be 180-195 degrees. DPO-K confirmed the facility dish machine is a high temp machine. Surveyor explained to DPO-K the 2 temperature gages were stuck at 130 and did not get any higher and the final rinse was at 150 when Surveyor observed the dish machine on 7/29/25. DPO-K stated they should have stopped and waited until the temperature got up to where it should be. DPO-K always recommends for them to run a couple of empty trays until the temperature reaches the required temperature. DPO-K stated yesterday the facility had a water leak which they were fixing. DPO-K stated there is 1 water heater which runs to the kitchen. The guys may have shut the valve off and that is why there was a problem with the temperature of dish machine. On 7/30/2025, at 9:30 AM, Surveyor requested to see the dish machine operation again. DNS-H stated yesterday they should have run 6 empty trays first. Surveyor observed 5 empty trays run through the dish machine. The 6th tray, Surveyor observed the wash was at 150, rinse at 160, and final rinse at 180. DNS-H explained DNS-H completed an in-service and had everyone sign off on the procedure for the dish machine. The in-service reminded employees if the temperature is below the manufacturer guidelines to stop using the machine immediately and to notify the supervisor on duty immediately and wait for further instruction on how to proceed. On</p>		