

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525069	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER Maplewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8615 W Beloit Rd West Allis, WI 53227	

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)
<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38829</p> <p>Based on interview and record review, the facility did not ensure that the PASRR (Pre-Admission Screen and Resident Review) for 1 (R2) of 1 residents were conducted accurately and did not ensure the completion of Level II Screen after the level one PASRR screen identified R2 as having a mental illness or developmental disability.</p> <p>* R2's Level 1 PASRR Screen dated 12/8/20 documents R2 has a serious mental illness with psychotropic medication(s) and 30 day exemption was checked. A new PASRR Level I Screen was initiated after the 30 days which would have generated a Level II Screen.</p> <p>Findings include:</p> <p>The Preadmission Screen and Resident Review (PASRR) Level 1 form revised in 7/2017 documents the following: Nursing facilities MUST NOT admit any new Resident who is suspected of having a serious mental illness or a developmental disability unless the State mental health authority, State developmental disability authority or designee has evaluated the person and determined if the person needs nursing facility placement and if the person needs specialized services. If an nursing facility admits a Resident without completion of the appropriate screen(s), then the facility is in violation of the statutory requirement, which may result in initiation of termination action against the facility.</p> <p>The PASRR must be completed on every Resident entering a nursing facility. If on the Level 1 Screen a resident is marked for Yes in section A, due to having a serious mental illness and/or developmental disability, then the Level 1 Screen must be referred to the PASRR contractor for a Level 2 Screen.</p> <p>If a Level II Screen is required, then information on this (Level 1) form is matched with information from the person's Level II Screen to ensure that the facility, the Department's designee/contractor and the Department have complied with all applicable federal statutes and regulations.</p> <p>45 CFR 483.128(a) requires that the Resident or his/her legal representative receive a written notice (copy of this front page) if the Resident is suspected of having a serious mental illness or a developmental disability, and therefore, will require a Level 11 Screen.</p> <p>(continued on next page)</p>

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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525069	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER Maplewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8615 W Beloit Rd West Allis, WI 53227	
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)		
<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Federal law requires that all persons requesting admission to a nursing facility must be screened to determine the presence of a major mental illness and/or developmental disability. 42 CFR 483.75(l)(5) requires the nursing facility to keep a copy of this form and other PASRR documents, if any, in the Resident's clinical record.</p> <p>If during the short-term stay, it is established that the person will be staying for a longer period of time than permitted above, the person must be referred for a Level 11 Screen on or before the last day of the permitted time period. Medicaid payments are not to be made to a nursing facility after the last day of the permitted time period until the Level 11 Screen is completed if the facility fails to make a referral for a Level 11 Screen within the permitted time period.</p> <p>Answering 'Yes' instructs the facility to contact the PASRR Contractor to notify them that the person is being considered for admission. Forward a copy of the Level 1 Screen to the PASRR Contractor. The PASRR Contractor will perform a Level 11 Screen to determine if the person has a developmental disability and/or serious mental illness as defined by the federal PASRR regulations, and if so, then whether or not the person needs nursing facility placement and if the person needs specialized services.</p> <p>Surveyor reviewed the revised Pre-Admission Screen/Annual Resident Review policy dated 3/23 which documents:</p> <p>.Level 11 Screen must be completed if:</p> <p>Any questions in Section A have been answered YES or Resident will remain in facility past the 30-day waiver period or after admission there is a change in status indicating a new mental health condition.</p> <p>1.) R2 was admitted to the facility on [DATE] with diagnoses of Major Depressive Disorder, Adjustment Disorder, Anxiety Disorder, Depression, Chronic Pulmonary Disease, Chronic Kidney Disease, Stage 3, Fibromyalgia, Chronic Fatigue, and Morbid Obesity.</p> <p>R2's Quarterly Minimum Data Set (MDS) dated [DATE] documents a BIMS (Brief Interview for Mental Status) score of 15, indicating R2 is cognitively intact for daily decision making. R2's Patient Healthcare Questionnaire(PHQ-9) score during this assessment period is 1, indicating minimal depression.</p> <p>Section GG (Functional Abilities and Goals) documents: R2 has no range of motion issues; R2 requires supervision for upper body dressing and is dependent for lower body dressing; R2 requires set-up for eating; R2 requires supervision for hygiene; R2 is dependent for mobility and transfers.</p> <p>R2's Mood and Behavior care plan documents a problem related to diagnoses of anxiety and major depressive disorder as evidenced by withdrawing self, self-isolating. R2 sees facility psychiatrist on regular basis. The care plan documents: Exhibits controlling, manipulative thinking due to pain meds, cares. Negative, self-defeating verbalizations; feeling world is against her thinking. (Trigger: not having her usual caregivers present) Initiated 3/15/21</p> <p>Interventions:</p> <p>-Administer antidepressant medication as ordered and monitor for adverse side effects. 3/15/21</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525069	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER Maplewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8615 W Beloit Rd West Allis, WI 53227	
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)		
<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Observe and document effectiveness of mood enhancement medications. 3/15/21</p> <p>-Monitor behaviors and observe for patterns or triggers: new staff members, float staff, resident likes her medications at specific times and dislikes when the routine is not followed</p> <p>-Psych will continue to monitor R2. 3/15/21</p> <p>-Staff (Chaplain, SW) will continue providing 1:1's for support. 3/15/21</p> <p>-Give meds at med times requested by R2 and provide cares on a routine as much as possible. 8/12/22</p> <p>-Encourage non-pharmacological interventions such as dimming lights and providing 1:1 conversation with staff. Resident generally does not enjoy leaving her room or participating in activities beyond watching TV and visiting with staff. 8/12/22</p> <p>R2's Impaired Behavior care plan related to diagnoses of anxiety disorder and major depressive disorder, as evidenced by long-standing history of manipulative, controlling, erratic/unpredictable thinking. R2 usually prefers to remain in bed all day, declining offer to her her up, per staff. R2 informs psych NP that she can't sleep at night. Nighttime sleep routine: Limit TV, lights, temperature, relaxation techniques, focus on positive thoughts. Per community caseworker, R2 has an extensive history of thinking the world is against her, blaming others and burning bridges in the facilities she's been at. She will have staff running circles around her, per caseworker. At times expresses dislike and anger toward agency staff stating they never get my medicine right Initiated 3/15/21</p> <p>Interventions:</p> <p>-Behavior monitoring program to assist in determining cause and triggers. 3/15/21</p> <p>-Intervene as necessary to ensure safety of resident and other. 3/15/21</p> <p>-Divert attention from stimulus. 3/15/21</p> <p>-Encourage Virginia to try and implement nighttime sleep routine. 3/15/21</p> <p>-Update MD/psych NP of need for med changes/review. 3/15/21</p> <p>-Adhere to routines for cares and meds as much as possible. 8/12/22</p> <p>-Do not engage in gossip with R2 or discuss negative or work-related topics. Keep topics of conversation light and positive. 8/12/22</p> <p>R2's Preadmission Screen and Resident Review (PASRR) dated 12/8/2020 and completed by Director of Admissions(DA-E) documents that R2 has a serious mental illness. 'Yes' is answered to current diagnosis of a major mental disorder, and has received psychotropic medication(s) to treat symptoms or behaviors of a major mental disorder on R2's PASRR. 'Yes' is answered for a 30 day exemption which is defined as a person entering the nursing facility from a hospital for the purpose of convalescing from a medical problem for 30 days or less on R2's PASRR.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525069	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER Maplewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8615 W Beloit Rd West Allis, WI 53227	
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)		
<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor noted that R2 has resided in the nursing facility past the 30 days exemption and that a PASRR Level II Screen should have been generated from R2's Level I PASRR Screen .</p> <p>On 5/28/24, Director of Admissions(DA-E) stated that DA-E is responsible for completing the initial PASRR. DA-E informed Surveyor that social services does any follow-up if the Resident stays past 30 days. DA-E is not sure if any audits have been completed on PASRRs.</p> <p>On 5/28/24 at 2:32 PM, Surveyor informed Quality and Support Nurse(QSN-C) and Chief Clinical Officer(CCO-D) that R2's PASRR Level 1 Screen documents 30 day exemption and that a new PASRR screen had not been generated after the 30 days exemption.</p> <p>On 5/29/24 at 11:35 AM, Surveyor interviewed Lead Social Worker(LSW-F) and Social Worker(SW-G) regarding R2's Level 1 PASRR Screen. Both LSW-F and SW-G stated they have never been responsible for the PASRR Screens and that it has always been admissions responsibility. LSW-F and SW-G informed Surveyor that they have not been involved in completing the PASRR Screens but stated there should be a process in place.</p> <p>On 5/29/24 at 12:41 PM, Surveyor informed Administrator (NHA-A), QSN-C, and CCO-D of the concern that R2's Level 1 Screen had not been updated past the 30 day exemption and that based on interviews, there is not a process in place or a responsible party that is responsible for completing a Level I PASRR Screen if a resident is staying past 30 days.</p> <p>No additional information was provided as to why the did facility did not ensure that the PASRR Level I was conducted accurately and did not ensure the completion of Level II Screen after the level one PASRR screen identified R2 as having a mental illness or developmental disability.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525069	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER Maplewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8615 W Beloit Rd West Allis, WI 53227	
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)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38829</p> <p>Based on interview and record review the facility did not ensure that 1 (R2) of 1 residents reviewed received treatment and care in accordance with professional standards of practice and the comprehensive person-centered care plan.</p> <p>*R2's hospital discharge paperwork dated 1/7/24 has instructions for R2 to follow-up for a gastrointestinal(GI) consult scheduled on 3/6/24 at 1:20 PM. R2 did not have the GI consult until 5/15/24.</p> <p>Findings Include:</p> <p>1.) R2 was admitted to the facility on [DATE] with diagnoses of Major Depressive Disorder, Adjustment Disorder, Anxiety Disorder, Depression, Chronic Pulmonary Disease, Chronic Kidney Disease, Stage 3, Fibromyalgia, Chronic Fatigue, and Morbid Obesity.</p> <p>R2's Quarterly Minimum Data Set (MDS) dated [DATE] documents a Brief Interview for Mental Status(BIMS) score of 15, indicating R2 is cognitively intact for daily decision making.</p> <p>R2's Patient Healthcare Questionnaire(PHQ-9) score during this assessment period is 1, indicating minimal depression. Section GG (Functional Abilities and Goals) documents: R2 has no range of motion issues; R2 requires supervision for upper body dressing and is dependent for lower body dressing; R2 requires set-up for eating; R2 requires supervision for hygiene; R2 is dependent for mobility and transfers.</p> <p>R2's Mood care plan dated as intimated on 3/15/21 documents: State problem related to diagnoses of anxiety and major depressive disorder as evidenced by withdrawing self, self-isolating. R2 sees facility psychiatrist on regular basis. Exhibits controlling, manipulative thinking due to pain meds (medications), cares. Negative, self-defeating verbalizations; feeling world is against her thinking. (Trigger: not having her usual caregivers present).</p> <p>Interventions:</p> <p>-Administer antidepressant medication as ordered and monitor for adverse side effects. 3/15/21</p> <p>-Observe and document effectiveness of mood enhancement medications. 3/15/21</p> <p>-Monitor behaviors and observe for patterns or triggers: new staff members, float staff, resident likes her medications at specific times and dislikes when the routine is not followed</p> <p>-Psych will continue to monitor R2. 3/15/21</p> <p>-Staff (Chaplain, SW) will continue providing 1:1's for support. 3/15/21</p> <p>-Give meds at med times requested by R2 and provide cares on a routine as much as possible. 8/12/22</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525069	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER Maplewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8615 W Beloit Rd West Allis, WI 53227	
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)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Encourage non-pharmacological interventions such as dimming lights and providing 1:1 conversation with staff. Resident generally does not enjoy leaving her room or participating in activities beyond watching TV and visiting with staff. 8/12/22</p> <p>R2's Impaired Behavior care plan dated as initiated on 3/15/21 documents: Long standing history of manipulative, controlling, erratic/unpredictable thinking. R2 usually prefers to remain in bed all day, declining offer to her her up, per staff. R2 informs psych NP that she can't sleep at night. Nighttime sleep routine: Limit TV, lights, temperature, relaxation techniques, focus on positive thoughts. Per community caseworker, R2 has an extensive history of thinking the world is against her, blaming others and burning bridges in the facilities she's been at. She will have staff running circles around her, per caseworker. At times expresses dislike and anger toward agency staff stating they never get my medicine right.</p> <p>Interventions:</p> <ul style="list-style-type: none"> -Behavior monitoring program to assist in determining cause and triggers. 3/15/21 -Intervene as necessary to ensure safety of resident and other. 3/15/21 -Divert attention from stimulus. 3/15/21 -Encourage Virginia to try and implement nighttime sleep routine. 3/15/21 -Update MD/psych NP of need for med changes/review. 3/15/21 -Adhere to routines for cares and meds as much as possible. 8/12/22 -Do not engage in gossip with R2 or discuss negative or work-related topics. Keep topics of conversation light and positive. 8/12/22 <p>On 1/7/24, R2 went to the emergency room for abdominal pain, nausea vomiting, and diarrhea. A CT (Computed Tomography Scan) of abdomen pelvis without contrast showed hepatic steatosis. The hospital paperwork dated 1/7/24 instructed the facility to have R2 follow-up with a GI consult that was scheduled for 3/6/24 at 1:20 PM.</p> <p>On 2/19/24, Nurse Practitioner (NP-T) documents that R2 will have a GI consult in March.</p> <p>There is no documentation that R2 went to the GI consult on 3/6/24.</p> <p>Surveyor reviewed R2's progress notes located in R2's electronic medical record(EMR) and located no documentation as to why R2 missed the GI consult on 3/6/24.</p> <p>On 5/15/24, Licensed Practical Nurse (LPN-U) documents R2 received the follow-up GI consult and instructions included to obtain a CT scan of chest, abdomen, and pelvis with contrast to rule out a hernia. The GI consult also indicated a referral was made to a surgeon to reduce the wait time if it actually was a hernia.</p> <p>On 5/23/24, it is documented by Licensed Practical Nurse (LPN-H) that R2 received the CT scan.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525069	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER Maplewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8615 W Beloit Rd West Allis, WI 53227	
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)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/28/24 at 10:45 AM, Surveyor spoke with R2 in regards to the GI consult and CT scan. R2 stated that R2 has been notified that everything is okay and at this time does not need surgery. R2 also informed Surveyor that R2 did not refuse to attend the GI consult on 3/6/24 and does not know why R2 did not go to the appointment.</p> <p>On 5/28/24 at 12:29 PM, Surveyor interviewed NP-T who stated NP-T was aware of the GI consult, however, does not know why R2 did not attend the GI consult scheduled on 3/6/24.</p> <p>On 5/28/24 at 2:47 PM, Surveyor interviewed Administrative Assistant(AA-I) who is responsible for setting up Resident appointments. AA-I stated AA-I obtains the Resident hospital paperwork, and makes the follow-up appointments and transportation as instructed.</p> <p>On 5/28/24 at 3:17 PM, AA-I provided Surveyor with a copy of an email that AA-I sent to the Director of Nursing(DON-B) and LPN-H detailing instructions of R2's 3/6/24 GI consult and the transportation that had been set up. AA-I does not know why R2 did not go to the appointment.</p> <p>On 5/29/24 at 9:02 AM, LPN-H informed Surveyor that LPN-H did not work the day of the 3/6/24 appointment, but thinks there was an agency nurse that day. LPN-H stated maybe R2 refused to go to the appointment because R2 did not receive R2's medications on time.</p> <p>On 5/29/24 at 9:07 AM, Surveyor interviewed R2 again who does not recall refusing the GI consult appointment.</p> <p>On 5/29/24 at 11:35 AM, Social Worker(SW-G) for R2 was not aware of R2 missing any appointments and does not get involved with R2's appointments.</p> <p>On 5/29/24 at 12:41 PM, Surveyor informed Administrator(NHA-A), Quality and Support Nurse (QSN-C), and Chief Clinical Officer(CCO-D) that R2 missed the GI consult scheduled on 3/6/24 to rule out a hernia and there is no facility documentation as to why R2 missed the appointment. R2 did not get to the GI consult until 5/15/24. CCO-D stated that R2 missing the 3/6/24 GI consult appointment was unacceptable.</p> <p>No additional information was provided as to why the facility did not ensure that R2 received treatment and care in accordance with professional standards of practice and the comprehensive person-centered care plan.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525069	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER Maplewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8615 W Beloit Rd West Allis, WI 53227	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49845</p> <p>Based on observation, interview, and record review the facility did not establish and maintain an infection prevention and control program to help prevent the development and transmission of communicable disease and infections for 1 (R3) of 1 residents reviewed.</p> <ul style="list-style-type: none"> * Incorrect transmission-based precaution sign observed on R3's door. * Staff was observed interacting with R3 while not wearing a mask and when R3 was coughing. * R3 was observed in hall unattended, without a mask coughing and grabbing a hand railing. * Staff was observed assisting R3 in a wheelchair, then assisting another resident, without performing hand hygiene in between tasks. * Staff were unaware of R3's proper transmission-based precaution status. <p>This has the potential to affect 31 residents residing on the affected unit in the facility at the time of the survey.</p> <p>Findings include:</p> <p>The facility's policy titled: Infection Control Policy & Procedure with a last revision date of 04/2024, documents, Policy: It is the policy of this facility that transmission-based precautions will be used with a residence when ordered by the physician or as deemed appropriate by the infection preventionist or designee. CDC Guidelines for Long Term Care, State and Local Health department guidelines are used to determine the type and length of time precautions are in place Documented under 2. Using precautions, documents in part, b. A sign is posted on the residence door to indicate that the resident is on isolation precautions . d. Contact precautions are used in addition to standard precautions for organisms that are transmitted by direct contact with the resident or contaminated environmental services.</p> <p>The Center for Disease Control (CDC), Clinical overview of Human Parainfluenza Viruses (HPIVs), last reviewed on 12/22/2022, documents: Transmission- HPIVs usually spread by direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes.</p> <p>The CDC's Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007), last updated 07/2023, documents: Parainfluenza virus infection requires contact plus standard isolation precautions. Section IV, titled Standard Precautions, documents IV.A.1. During the delivery of healthcare, avoid unnecessary touching of surfaces in close proximity to the patient to prevent both contamination of clean hands from environmental surfaces and transmission of pathogens from contaminated hands to surfaces. Perform hand hygiene in the following situations: Section IV.A.3.a. Before having direct contact with patients. Section IV.A.3.e. documents, After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525069	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER Maplewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8615 W Beloit Rd West Allis, WI 53227	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R3 was initially admitted to the facility on [DATE] with a medical history of falls, dementia, anxiety, depression, wandering and amnesia.</p> <p>R3's Quarterly Minimum Data Set (MDS) dated [DATE] documents a BIMS (Brief Interview of Mental Status) score of 3, indicating that R3 is severely cognitively impaired. Section E0200 (Behavior Symptoms) indicates no behaviors, and no rejection of cares.</p> <p>R3's Risk For Contracting Viruses care plan, with an initiation date of 03/02/2024, documents: R3 is to be encouraged to wear a face mask when in common areas or when in contact with staff/family/visitors etc, staff to wear face masks at all times when directed by the infection prevention team, and if symptomatic initiate appropriate isolation precautions for illnesses symptoms and update provider.</p> <p>R3's Wandering Care Plan, with an initiation date of 03/24/2024, documents: Staff to stay with resident if they leave unit during a wandering episode.</p> <p>R3's Infection Care Plan, with an initiation date of 05/28/2024, documents: R3 has a parainfluenza infection, monitor vital signs as ordered by ordering provider, document all signs and symptoms, administer antibiotics as ordered and assess for side effects/effectiveness, report concerns to physician, consult with physician for repeat as indicated: UA, chest X-ray, culture, and no adverse effects of antibiotic therapy.</p> <p>R3's Treatment Record initiated 05/24/2024, documents, Contact Isolation- parainfluenza - Every shift.</p> <p>On 05/28/2024 at 08:17 AM, the survey team asked if the facility has any outbreaks in the facility. CCO-D informed Survey team of two residents who tested positive for COVID in the building. Surveyor received the Facility's Roster Matrix that did not indicate R3 had any infections.</p> <p>On 05/24/2024 at 10:55 AM, Surveyor observed R3 to not be in R3's room and observed an Enhanced Barrier Precaution (EBP) sign on R3's door. Surveyor noted there was no Personal Protective Equipment (PPE) near R3's room. Surveyor asked Licensed Practical Nurse (LPN)-M if R3 was on EBP and if so, what for. (LPN)-M states she is unsure if R3 or the roommate is on EBP and unsure of reason for the EBP.</p> <p>On 05/28/2024 at 11:30 AM, Surveyor reviewed R3's medical record and noted R3 to have tested positive for Parainfluenza on 05/24/2024. Surveyor also noted, no documented refusals of care from 05/24/2024 to current time of survey.</p> <p>On 05/28/2024 at 11:35 AM Surveyor interviewed Infection Preventionist IP-J. Surveyor asked IP-J if there are any residents with parainfluenza in the facility. IP-J informed Surveyor of two positive Parainfluenza cases in the facility. IP-J stated that R3 tested positive for Parainfluenza on 05/24/2024 and is on contact plus standard isolation precautions. IP-J states R3 is encouraged to stay in R3's room and will be on contact isolation precautions until symptoms resolve. IP-J informed Surveyor that IP-J is in contact with nursing staff about R3's symptoms for resolution.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525069	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER Maplewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8615 W Beloit Rd West Allis, WI 53227	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 05/28/2024 at 11:47 AM, Surveyor observed R3 in the common area with other residents, coughing, and not wearing a mask. (LPN)-M informed Surveyor R3 refuses to wear a mask. Surveyor asked (LPN)-M if there are any residents with parainfluenza on the unit. LPN-M states she is unsure if there are any residents on the unit with Parainfluenza. LPN-M then stated she would go ask a supervisor for that information.</p> <p>On 05/28/2024 at 11:58 AM, Surveyor observed there to now be a Contact Isolation sign on R3's door.</p> <p>On 05/28/2024 at 12:43 PM, Surveyor observed R3 self-propelling off unit down the hall across from the dining room. Surveyor noted R3 was coughing, not wearing a mask, and using the handrails to propel down the hall. Surveyor observed R3 continue to self-propel toward the assisted living side of the building. R3's wander guard set off an alarm, and Social Worker (SW)-G intervened in re-directing R3. SW-G encouraged R3 to go back into the dining room, but R3 refused.</p> <p>On 5/28/2024 at 12:49 PM, Surveyor observed R3 being brought back to R3's unit by Certified Nursing Assistant (CNA)-O, who was not wearing a mask, and did not perform hand hygiene after having contact with R3. Surveyor asked CNA-O how staff is informed if a resident is on transmission-based precautions (TBP). CNA-O informed Surveyor that the IP will post the signs on the resident's door or the information is also relayed during report from the previous shift. Surveyor asked CNA-O what PPE is required for contact precautions, CNA-O informed Surveyor that masks, gloves, and gown are required when providing cares. CNA-O informed Surveyor that R3 is care planned to stay out of her room to prevent falls, and that R3 will wander.</p> <p>On 05/28/2024 at 01:28 PM, Surveyor interviewed CNA-N. Surveyor noted CNA-N to not be wearing a mask. Surveyor asked CNA-N if she was aware of what precautions R3 is on, CNA-N states R3 is on droplet precautions due to a cough and states that information was relayed in report.</p> <p>On 05/28/2024 at 01:55 PM, Surveyor interviewed IP-J. IP-J informed Surveyor that if a resident is on contact precautions plus standard precautions and is actively coughing or getting close to others, a mask is required. Surveyor asked IP-J who is responsible for initiating transmission-based precautions. IP-J informed Surveyor there are standing orders based on symptomology that can be implemented by nursing staff. IP-J stated that residents on TBP are discussed in the daily stand up huddle every Monday through Friday. IP-J stated she sends out a resident isolation list to nursing, activities, and housekeeping staff. Surveyor asked if IP-J put the TBP sign on R's door, IP stated she did not recall putting the TBP sign on R3's door.</p> <p>On 05/28/2024 at 2:30 PM, during daily exit conference, Surveyor informed Chief Clinical Officer (CCO)-D and Quality and Support Nurse (QSN)-C of the above infection control concerns.</p> <p>On 05/29/2024 at 11:15 AM, Surveyor observed Chaplain-X bringing R3 onto the unit and put R3 at a table with another resident all without wearing a mask. Surveyor then observed Chaplain-X assist another resident, without performing hand hygiene, and wheel them in their wheelchair to a different area on the unit. Surveyor asked Chaplain-X how he would know if a resident were on isolation precautions. Chaplain informed Surveyor that he would ask a nurse regarding a residents' isolation status. Chaplain-X informed Surveyor that R3 has a cold and that he was unsure of what isolation precautions R3 is on. Chaplain-X stated R3 did have a mask on in chapel but took it off in the hallway.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525069	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER Maplewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8615 W Beloit Rd West Allis, WI 53227	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 05/29/2024 at 12:50 PM, Surveyor informed CCO-D, QSN-C and Nursing Home Administrator (NHA)-A of the above concerns. CCO-D informed Surveyor that they have now implemented infection control interventions for R3 after being informed of concerns by Surveyor on 05/28/2024.</p> <p>No additional information was provided as to why the facility did not establish and maintain an infection prevention and control program to help prevent the development and transmission of communicable disease and infections.</p>		