

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 07/09/2025
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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>Based on document review and interview, the facility failed to ensure that the daily nurse staffing was posted to accurately reflect the actual staff hours to care for the 99 current residents. This failure had the potential to inaccurately inform any resident, family member, or visitor of the available nursing staff caring for residents. Findings include: Review of the daily nurse staff posting document, dated 07/07/25 for the night shift, indicated that two Registered Nurses (RNs), three Licensed Practical Nurses (LPNs) and seven Certified Nurse Aides (CNAs) were on the shift. Review of the nurse schedule, dated 07/07/25 and provided by the night supervisor, revealed the night shift had three RNs, two LPNs and five CNAs on the schedule. During an interview with the night supervisor on 07/07/25 at 11:35 PM, she stated that she completed the daily nurse staffing document this morning before she left her shift and had not revised the document this evening to reflect the staff on duty for the night shift. During an interview on 07/08/25 at 3:12 PM, the Director of Nursing (DON) verified that the daily nurse staffing document dated 07/07/25 indicated seven CNAs and there was only five CNAs; and the form indicated two RNs, but it should have been three RNs. During this interview, the facility's Staff/Scheduler stated that she revises the day and evening shifts, and the night supervisor is responsible for revising the night shift information on the document. The Staff/Scheduler stated that the normal staffing pattern for the night shift was for six nurses and eight CNAs. Review of a sample of daily nurse staffing document and the nursing schedule revealed for the night shift on the following dates indicated: On 07/03/25- five nurses (one RN and four LPNs) and seven CNAs were on the nursing schedule; however, the daily nurse posting indicated three RNs, four LPNs and eight CNAs. On 07/02/25- six nurses (six LPNs) and seven CNAs were on the nursing schedule; however, the daily nurse posting indicated one RN, six LPNs and seven CNAs. On 07/01/25- five LPNs and eight CNAs were on the nursing schedule; however, the daily nurse posting indicated one RN, six LPNs and eight CNAs. During an interview on 07/09/25 at 9:32AM, Administrator 2 stated the facility does not have a policy for daily nurse staff posting.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 525069
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