

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  04/04/2024
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38253</p> <p>Based on record review and interview, the facility did not ensure all alleged violations involving abuse were reported to the State Survey Agency within the 2-hour time frame for 1 of 2 Facility Reported Incidents reviewed.</p> <p>R34 made the allegation on 2/29/2024 at 7:00 PM that R100 entered R34's room and hit R34 in the head and twisted R34's left arm. The alleged abuse was not reported to the State Agency until 3/1/2024 at 2:05 PM.</p> <p>Findings include:</p> <p>The facility policy and procedure entitled Abuse Mistreatment, Neglect and Misappropriation of Resident/Client Property/Funds, Injury of Unknown Origin dated 9/2024 states: Reporting: When an employee suspects abuse has taken place, the situation and circumstances must be reported immediately to the Administrator or designee. 1. All alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of property will be reported by Administration to the Division of Quality Assurance (DQA) as soon as required by law. 2. In the SNF (Skilled Nursing Facility), the initial report will be sent to DQA no later than two (2) hours after the allegation is made if the event(s) that caused the allegation involves abuse or results in serious bodily harm</p> <p>On 2/29/2024 at 10:23 PM in R34's progress notes, nursing charted around 6:55 PM, the nurse heard a noise of someone yelling and the nurse came out of the nurses' station and saw a Certified Nursing Assistant walking into R34's room to respond to R34. The nurse charted a little time after, the nurse saw the supervisor and the police that R34 had called, respond to R34 stating another resident had attacked R34. The nurse charted the nurse went to R34's room and checked R34's vital signs, which were stable. R34 was stable at that time and would continue to monitor.</p> <p>On 2/29/2024 at 11:59 PM in R100's progress notes, nursing charted R100 was transferred from [room number] to [a different room number] without incident. Nursing charted staff were frequent at bedside, R100 was calm and adjusting to the new unit/room.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 525069
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor reviewed the Facility Reported Incident submitted to the State Agency. The summary provided by Nursing Home Administrator (NHA)-A stated R34 indicated that R100 came into R34's room and struck R34. R34 leaves the door to the room open due to self-declared claustrophobia. R100 initially walked down the hallway because R100 believed R100 heard someone screaming. Once stopping at R34's room, R100 proceeded to go in. R34 indicated that R100 hit R34 on the head and twisted R34's arm. After R100 was redirected by staff, an immediate head to toe nursing assessment was completed with no signs or symptoms of injury to R34. R100 had no recollection of the event although R100 was in R34's room. R34 was immediately safeguarded with R100 being relocated to another floor. R34 was placed on the 24-hour board and additional daily checks have found no indications of injury. Neither the facility nor the police were able to substantiate an assault by R100 had occurred. The report was submitted on 3/1/2024 at 2:05 PM, nineteen hours after the allegation of abuse.</p> <p>In an interview on 4/1/2024 at 10:09 AM, R34 stated R100 came into R34's room and R34 told R100 to get out. R34 stated R100 then hit R34 in the head and the nurse did not come in to help. R34 stated finally a CNA got R100 out of the room and transferred R100 to the second floor.</p> <p>In an interview on 4/4/2024 at 8:04 AM, Surveyor asked NHA-A why the allegation by R34 of being hit by R100 was not reported to the State Agency within the two-hour time frame. NHA-A stated NHA-A did not see the incident as an allegation of abuse. NHA-A stated R34 reports things all the time and it took time to move R100, call the police, and investigate what happened. NHA-A stated R100 was an almost [AGE] year-old confused person that did not recall anything that had happened. NHA-A stated the nurse manager was there and a body check was done on R34 with no injury so they could not verify R34 was actually hit by R100. Surveyor shared the concern that an allegation of abuse needed to be reported within two hours and the investigation into the incident would continue to determine what had transpired. NHA-A stated yes, the incident should have been reported in the two-hour timeframe. No further information was provided at that time.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38253</p> <p>Based on record review and interview, the facility did not ensure residents were protected from potential abuse while an investigation of an allegation of abuse was being conducted for 1 of 2 Facility Reported Incidents reviewed.</p> <p>R34 made the allegation on 2/29/2024 at 7:00 PM that R100 entered R34's room and hit R34 in the head and twisted R34's left arm. R100 was moved to another unit/floor after the incident without increased supervision during the investigation into the allegation potentially putting the eight residents on the unit at risk for abuse.</p> <p>Findings:</p> <p>On 2/29/2024 at 10:23 PM in R34's progress notes, nursing charted around 6:55 PM, the nurse heard a noise of someone yelling and the nurse came out of the nurses' station and saw a Certified Nursing Assistant walking into R34's room to respond to R34. Nursing charted a little time after the nurse saw the supervisor and the police that R34 had called respond to R34 stating another resident had attacked R34. The nurse charted the nurse went to R34's room and checked R34's vital signs, which were stable. R34 was stable at that time and would continue to monitor.</p> <p>On 2/29/2024 at 11:59 PM in R100's progress notes, nursing charted R100 was transferred from [room number] to [different room number] without incident. Nursing charted staff were frequent at bedside, R100 was calm and adjusting to the new unit/room.</p> <p>Surveyor reviewed the Facility Reported Incident submitted to the State Agency. The summary provided by Nursing Home Administrator (NHA)-A stated R34 indicated that R100 came into R34's room and struck R34. R34 leaves the door to the room open due to self-declared claustrophobia. R100 initially walked down the hallway because R100 believed R100 heard someone screaming. Once stopping at R34's room, R100 proceeded to go in. R34 indicated that R100 hit R34 on the head and twisted R34's arm. After R100 was redirected by staff, an immediate head to toe nursing assessment was completed with no signs or symptoms of injury to R34. R100 had no recollection of the event although R100 was in R34's room. R34 was immediately safeguarded with R100 being relocated to another floor. R34 was placed on the 24-hour board and additional daily checks have found no indications of injury. Neither the facility nor the police were able to substantiate an assault by R100 had occurred.</p> <p>In an interview on 4/1/2024 at 10:09 AM, R34 stated R100 came into R34's room and R34 told R100 to get out. R34 stated R100 then hit R34 in the head and the nurse did not come in to help. R34 stated finally a CNA got R100 out of the room and transferred R100 to the second floor.</p> <p>On 3/1/2024 at 5:41 AM in R100's progress notes, nursing charted R100 wandered out of their room looking for a bathroom or looking for R100's room five times tonight and was redirected with no issues. R100 was alert to self and will monitor.</p> <p>On 3/2/2024 at 6:27 AM in R100's progress notes, nursing charted R100 wandered outside of the room three times and redirected to the toilet in the bedroom.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 3/4/2024, R100 was discharged from the facility.</p> <p>In an interview on 4/4/2024 at 8:04 AM, Surveyor shared with NHA-A the concern R100 did not have increased supervision after R100 allegedly abused R34. NHA-A stated R34 reports things all the time that are focused on either sexual things or allegations against members of the opposite sex. NHA-A stated R100 was an almost [AGE] year old confused person; the nurse manager was there, and a body check was done on R34 with no findings of injury. NHA-A stated R100 did not recall any incident so they could not verify R34 was actually hit by R100. NHA-A stated R100 thought there was a someone in distress so wanted to see what was going on and right after the incident, R100 was moved to an empty room on the second floor. Surveyor asked NHA-A what interventions were put in place to safeguard the residents on the second floor. NHA-A stated NHA-A would have to check and get back to Surveyor.</p> <p>In an interview on 4/4/2024 at 12:32 PM, NHA-A stated NHA-A and Consultant-E did a record review of the incident on 2/29/2024 and the facility did not put any protocols into place once R100 was moved to the other floor. NHA-A stated they did not consider R100 a risk due to R34's continuous allegations. NHA-A stated NHA-A understood where Surveyor's concern was coming from with an allegation of abuse that R100 should have been monitored more closely.</p> <p>In an interview on 4/4/2024 at 2:20 PM, Registered Nurse Supervisor (RN Sup)-F stated R100 was moved to the second floor after being interviewed by the police. RN Sup-F stated the police determined they would not take R100 into custody as R100 had no recollection of the event involving R34. Surveyor asked RN Sup-F how many residents were on the second floor unit R100 was moved to. RN Sup-F stated the new unit had 8-9 residents with one nurse and one Certified Nursing Assistant, so it was a much more monitored area than other units. RN Sup-F stated the residents on the new unit were there for rehabilitation so were more alert and would be able to notify staff if anything happened with R100. RN Sup-F stated R100 was put on the 24-hour board for monitoring throughout the rest of the shift. Surveyor asked RN Sup-F if R100 had any one-on-one supervision. RN Sup-F stated no. Surveyor asked RN Sup-F if R100 had increased supervision throughout the night. RN Sup-F stated RN Sup-F was only there until night shift started so was not sure what happened after that time. Director of Nursing (DON)-B was present during this interview. Surveyor shared the concern that R100 did not have increased monitoring after being moved to the second floor, potentially putting those residents at risk. DON-B stated the residents on the unit R100 was moved to were more alert and able to report any incidents that may have occurred. Surveyor shared with DON-B the documentation in R100's progress notes on 3/1/2024 and 3/2/2024 of R100 wandering and needing to be redirected multiple times on the night shifts and the concern staff were not aware where R100 had been while wandering. Surveyor shared with DON-B the concern other residents were not protected from a potential abusive situation while the allegation of abuse by R100 to R34 was being investigated. No further information was provided at that time.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38146</p> <p>Based on observation, interview and record review the facility did not ensure residents admitted to the facility with an indwelling catheter are assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and an indwelling catheter is not used unless there is valid medical justification for catheterization. In addition, the facility did not ensure residents with fecal incontinence and constipation received appropriate treatment and services to restore as much normal bowel function as possible for 1 of 1 (R87) residents reviewed for bowel and bladder.</p> <p>R87 admitted to the facility with a Foley catheter. There was no diagnosis or medical justification for the catheter, no size indicated, and no assessment or plan for removal of the catheter. The facility did not comprehensively assess R87's bowel pattern and a care plan for constipation was not developed.</p> <p>Findings include:</p> <p>R87 admitted to the facility on [DATE] with diagnoses that include Guillan-Barre Syndrome, Chronic Renal Failure dependent on ventilator, gastrostomy, tracheostomy, chronic pain, fusion of spine lumbar region, and disorder of autonomic nervous system, unspecified.</p> <p>R87's hospital discharge summary dated 2/2/24 documented (in bold letters): Had significant constipation for which the patient has been placed on laxatives. Start taking these medications: Docusate 100 mg (milligrams) BID (twice daily) PRN (as needed), Miralax 17 grams BID PRN if Docusate ineffective, Senna 8.6 mg 2 tabs nightly PRN if Miralax ineffective.</p> <p>R87's Admission MDS (Minimum Data Set) dated 2/9/24 section I/Genitourinary documented the following categories: BPH (Benign Prostatic Hyperplasia), renal insufficiency, renal failure or ESRD (End Stage Renal Disease), neurogenic bladder, obstructive uropathy. Surveyor noted none of the above categories were checked for R87.</p> <p>R87's Care Plan dated 3/23/24 documents: (R87) has indwelling / intermittent catheter use with potential for infection. Surveyor noted the care plan did not include a diagnosis for the catheter. Surveyor noted R87 did not have a care plan for constipation.</p> <p>Physician's Order dated 2/5/24 documented: Change Foley Catheter PRN SIZE: ____FR, ____mL as needed. Surveyor noted there was no diagnosis for the catheter and no size indicated.</p> <p>The facility policy titled Indwelling urinary catheter (Foley) care and management revised December 10, 2023 documents (in part) .</p> <p>.Catheter insertion for inappropriate indications is common. Consider alternatives to indwelling urinary catheterization when appropriate, such as external catheter application, bladder ultrasonography, intermittent catheterization, use of optimal incontinence products, prompted toileting, urinal and bedside commode use. Appropriate indications for catheter use include:</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prolonged immobilization, such as for an unstable thoracic or lumbar spine or multiple trauma injuries, including pelvic fractures, need for accurate hourly urine output measurement in critically ill patients, acute urinary retention or urinary obstruction, assistance in the healing of open pressure injuries or skin grafts in selected patients with urinary incontinence, improved comfort during end of life care.</p> <p>Make sure to follow evidence-based CAUTI (catheter-associated urinary tract infection) prevention practices - such as discontinuing the catheter as soon as it's no longer clinically indicated.</p> <p>Documentation associated with indwelling urinary catheter care and management includes: Indication for continued catheter use.</p> <p>The facility policy titled No BM (Bowel Movement) monitoring effective 11/23 documents (in part) .</p> <p>.Policy: Regular bowel movements enhance a resident's wellness and prevent complications such as constipation, abdominal distention and pain/discomfort.</p> <p>Definitions: No BM list - list pulled from EMR (electronic medical record) that displays resident with no bowel movement charted for past 72 hours/last 3 days.</p> <p>Procedure:</p> <ol style="list-style-type: none"> <li>1. NOC (night) Nursing Supervisor pulls the no BM list daily at the beginning of the shift.</li> <li>2. NOC Nursing Supervisor to distribute no BM list to each NOC unit nurse.</li> <li>3. NOC shift unit nurse then assesses residents flagging on the list. If no BM by end of shift, next shift unit nurse should follow the same steps until adequate results are produced.</li> </ol> <p>a. Does resident reliably remember when last BM was (is uses restroom independently)? If so, chart ID (interdisciplinary) note with any relevant additional information the resident provides.</p> <p>b. Assess resident for s/s (signs/symptoms) constipation including:</p> <ol style="list-style-type: none"> <li>i. abdominal palpation (soft/firm, distended/obese/normal, pain or discomfort)</li> <li>ii. auscultation for bowel sounds (hyperactive/normoactive/hypoactive/absent).</li> <li>iii. rectal check (negative for stool/positive for stool).</li> </ol> <p>c. Administer PRN as ordered or other intervention as appropriate.</p> <p>Key to Point of care bowel movement Matrix care charting:</p> <p>Resident had a bowel movement: 0 no BM, 1 small, 2 medium, 3 large, 4 x-large.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Consistency: 1=separate hard lumps, like nuts (hard to pass) 2=sausage shaped but lumpy, 3=like a sausage but with cracks on the surface, 4=like a sausage but cracks on the surface, 5=soft blobs with clear-but edges, 6=fluffy pieces with ragged edges, a soft mushy stool, 7=watery no solid pieces entirely.</p> <p>Surveyor noted R87 also had Physician orders for 1 package banana flakes every day for diarrhea implemented 2/27/24 which was increased to twice daily on 3/4/24. R87's bowel record documented only 1 watery stool on 3/1/24 and 1 watery stool on 3/4/24. In addition, R87 had an order for Oxycodone (opioid that can cause constipation) 15 mg every 6 hours PRN pain which was used 14 days during the month of March.</p> <p>On 4/1/24 at 10:51 AM during initial interview, Surveyor observed R87 to have a Foley catheter which was hanging on the left side of his bed away from the door. R87 reported he has had the catheter since he was hospitalized , but is unsure why, adding: probably because I can't use the bathroom. R87 reported he was sent to the hospital since admission for constipation.</p> <p>Facility progress notes documented:</p> <p>3/22/24 3:12 PM Residents (sic) abdomen is distended. He has had BM's. Bowel sounds in all 4 quads (quadrants). When asked about pain or discomfort he denies any at this time. Staff will continue to monitor.</p> <p>3/22/24 8:29 PM Residents (sic) abdomen acutely distended. Denies pain. BS (bowel sounds) difficult to hear. NP (Nurse Practitioner) gave orders to sent to ER (emergency room ) per ambulance for evaluation and treatment. ER given report per nurse. Wife visiting resident at time and said she was going to hospital to be with him.</p> <p>3/22/24 10:11 PM Res wife became upset that nothing had been done for residents' distended abdomen and insisted this resident be sent to (hospital) ER for evaluation. House supervisor made aware, order obtained from APNP (Advance Practice Nurse Practitioner) to send resident to ER for eval/treat.</p> <p>Surveyor noted although the progress note documented He has had BM's review of R87's medical record documented only 1 small hard BM on 3/18 and 1 medium mushy BM on 3/19. No other BM's were documented.</p> <p>Facility progress notes on 3/23/24 4:49 AM documented: The resident had returned by ambulance from (hospital) ED (emergency department) visit where he received Fleet's enema for fecal impaction; and without new orders.</p> <p>The hospital ER paperwork 3/22/24: Your diagnosis is fecal impaction, constipation. Major procedures performed during your ED visit: N/A (not applicable). Given significant stool burden - recommend bowel clean out regimen with daily senna and dulcolax as well as miralax twice daily and MOM (Milk of Magnesia) twice daily for bowel clean out. CT (computerized tomography) abd/pelvis with contrast completed. CT imaging supports significant colonic gas and large stool burden in the sigmoid and rectal vault. Patient underwent fecal impaction in the ED with improvement in symptoms. discharged back to facility in improved condition. History: Over the last 2 months patient has been having alternating constipation and diarrhea. Last BM was this morning, but patient can't remember last normal bowel movement before that. Over the last 2 months when he does have a formed BM they are hard and small.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R87's March MAR (Medication Administration Record) documents: Dulcolax stool softener (Docusate) 100 mg qd (every day) for constipation started 3/24/24, Senna 8.6 mg qd for bowel clean out started 3/23/24, MOM 400 mg/5 ml (milliliters) 15 ml BID for bowel clean out started 3/23/24, Miralax 17 grams BID for constipation started 3/24/24.</p> <p>Review of R87's BM record documented: 3/15/24 AM medium/mushy. 3/18/24 AM small/sausage w/cracks, 3/19/24 PM medium/mushy. After return from theER on [DATE]: AM large/watery, 3/29/24 AM medium/watery.</p> <p>On 4/2/24 at 3:02 PM during the daily exit meeting, the facility was advised R87 does not have diagnosis or size indicated for his Foley catheter.</p> <p>On 4/3/24 at 3:32 PM Surveyor met with NP-N regarding R87's catheter. Surveyor advised NP-N R87 does not have a diagnosis for his Foley catheter and has orders to change the catheter PRN with no size indicated. NP-N reported the diagnosis for R87's catheter is neurogenic bladder. NP-N reported in 2023 he had an obstruction and was seen by urology in the hospital. Surveyor asked where this information was located, as it is not in the resident's medical record. NP-N stated: I have access to epic and had to search his records to find it.</p> <p>On 4/3/24 at 3:15 PM during the daily exit meeting, the facility was advised of concern the resident admitted with a Foley catheter on 2/2/24 with no diagnosis for the catheter and no orders for a specific size to be used with order to change PRN. There was no evidence the facility did any follow up to indicate a need for the catheter or possible plan for removal.</p> <p>On 4/4/24 at 9:22 AM Surveyor advised Director of Nursing (DON)-B of concern R87 did not have a care plan for constipation, lack of assessment/monitoring of BM's, and no diagnosis or plan for discontinuation of the Foley catheter. No additional information was provided.</p> <p>On 4/4/24 at 10:18 AM Surveyor met with DON-B to discuss R87's BM documentation. Surveyor asked when the NOC nurse pulls the BM record, how is it determined if there is a need for intervention. DON-B reported the nurse will look to see if the resident had a BM in the last 3 days. Surveyor asked if the resident was marked as having 1 small BM would there be a need for intervention. DON-B stated: Probably not, if he was marked for a BM. Surveyor asked if there was any consideration of the size or consistency of BM. DON-B reported she could not speak to how the Supervisor interprets the report. Surveyor confirmed, so potentially a resident could have only 1 small BM over a period of 6 days without intervention? DON-B stated: I understand what you're saying, going forward we will do education to determine BM size, consistency and pattern to determine if interventions are needed. Surveyor advised DON-B of concern of lack of BM monitoring. R87 was sent to the ER for constipation on 3/22/24. Upon return to the facility documentation indicated a large watery BM on 3/23/23 and then no BM documented for a period of 5 days without intervention until 3/29/24 documented a medium watery stool. DON-B stated: I understand what your saying, the watery stool on 3/29 could have still been constipation with loose stool around it. I will be taking a look at the program and make some revisions. Surveyor was not provided R87's admission bowel and bladder assessment and no additional information was provided.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>38253</p> <p>Based on record review and interview, the facility did not ensure medications were administered timely for 1 (R34) of 6 residents reviewed for medication administration.</p> <p>R34 did not receive 8 PM or bedtime medications until 11:00 PM.</p> <p>Findings:</p> <p>The facility policy and procedure entitled Medication Administration dated 4/2024 states: 10. Miscellaneous: . g) Medication administration times will be a variation of the list below based on resident centered care or will follow a physician's order if a specific time is indicated. PM - 1500-2100 (3:00 PM-9:00 PM), HS (bedtime) - Upon retiring.</p> <p>Surveyor reviewed R34's Medication Administration Record (MAR) for 3/24/2024. Surveyor compared the signatures on the MAR to the nursing schedule for 3/24/2024. Surveyor noted the 8 PM and HS medications were signed out by Licensed Practical Nurse (LPN)-G. LPN-G was on the nursing schedule for the night shift on 3/24/2024 from 11:30 PM to 6:30 AM.</p> <p>On 3/24/2024, LPN-G signed out the following medications:</p> <p>8 PM</p> <ul style="list-style-type: none"> <li>-lidocaine patch to be removed.</li> <li>-metoprolol tartrate 25 mg</li> <li>-Senna 8.6 mg</li> </ul> <p>HS</p> <ul style="list-style-type: none"> <li>-atorvastatin 80 mg</li> <li>-cranberry 450 mg</li> <li>-diazepam 2 mg</li> <li>-Florajen women 15 billion cell capsule</li> <li>-melatonin 8 mg</li> <li>-nortriptyline 50 mg</li> <li>-phenobarbital 97.5 mg</li> </ul> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-tizanidine 2 mg</p> <p>-warfarin 4 mg</p> <p>On 4/4/2024 at 9:32 AM, Surveyor shared with Director of Nursing (DON)-B the confusion as to why LPN-G signed off R34's 8 PM and HS medications when according to the nursing schedule, LPN-G did not start working until 11:30 PM. Surveyor asked DON-B if LPN-G came in early for the shift. DON-B pulled up R34's MAR on the computer and was able to see R34's medications for 8 PM and HS medications were signed out by LPN-G at 11:00 PM. DON-B stated R34 did get all the ordered medications but not as scheduled.</p> <p>On 4/4/2024 at 12:55 PM, Surveyor attempted to call LPN-G for an interview but the phone was not answered.</p> <p>On 4/4/2024 at 1:34 PM, Surveyor shared with Nursing Home Administrator (NHA)-A the concern R34 did not receive 8 PM and HS medications on 3/24/2024 until 11:00 PM.</p> <p>On 4/4/2024 at 1:50 PM, DON-B stated an agency nurse was working second shift on 3/24/2024 and did not pass any medications so the night shift nurse passed the medications when she came on. DON-B stated the facility was not aware R34 did not get medications until the next shift until the concern was brought forward by Surveyor. No further information was provided at that time.</p>

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48391</p> <p>Based on interview and record review, the facility did not keep 2 (R401 and R33) of 5 residents reviewed free from unnecessary drugs.</p> <p>1. On 3/26/24 R401 was prescribed Memantine 5 mg by mouth every day for depression. Depression was not included on R401's diagnoses.</p> <p>2. On 5/6/23 R33 was prescribed Phenytoin 100 mg by mouth three times a day for seizures. Seizures was not included on R33's diagnoses.</p> <p>Findings include:</p> <p>1. R401 was admitted to the facility on [DATE] with diagnoses of chronic obstructive pulmonary disease, congestive heart failure, muscle weakness, dementia, and pulmonary hypertension. Surveyor reviewed R401's physician orders and noted on 3/26/24, R401 was prescribed Memantine 5 mg by mouth every day for depression. Surveyor noted R401 did not have a diagnosis of depression.</p> <p>R401's admission MDS (minimum data set) dated 3/29/24 indicates a BIMS (brief interview for mental status) score, which indicates R401 is cognitively intact. R401's MDS indicates she has no hallucinations, delusions, or wandering behaviors.</p> <p>R401's comprehensive care plan contains the following significant focused problems with interventions:</p> <p>R401 has impaired decision making related to mild dementia, forgetfulness, and impulsiveness. Goal: R401 demonstrates optimal participation in daily decisions. Interventions include: Daily orientation to facility routines and activity schedules; Use environmental cues (e.g. pictures, signs, clocks, calendars, color coding of environment) to stimulate memory and promote appropriate behavior; Provide consistent physical environment and daily routine; Avoid demands for abstract thinking if resident can only think in concrete terms.</p> <p>Surveyor reviewed R401's Medication Administration Record (MAR) for April 2024 which included Memantine 5 mg by mouth every day for depression. Surveyor noted R401 did not have a diagnosis of depression.</p> <p>Surveyor interviewed DON-B on 4/3/24 at 2:12 pm who indicated a resident within the facility will typically follow with the facility psych Nurse Practitioner (NP) while taking an antidepressant. DON-B was unable to confirm if R401 had a diagnosis of depression and if R401 would be following with the facility psych NP. DON-B stated she was going to get clarification on the reason for R401 taking Memantine.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/4/24 at 9:54 am, DON-B notified Surveyor she clarified with Nurse Practitioner (NP)-N that R401 did not have a diagnosis of depression and R401 was receiving Memantine for diagnosis of dementia. DON-B notified Surveyor that a new order had been placed indicating R401 was taking Memantine for dementia.</p> <p>2. R33 was admitted to the facility on [DATE] with diagnoses of dementia, palliative care, major depressive disorder, insomnia, anxiety, and muscle weakness. Surveyor reviewed R33's physician orders and noted on 5/6/23 Phenytoin 100 mg by mouth three times daily was being prescribed for seizures.</p> <p>R33's quarterly MDS dated [DATE] indicates a BIMS score of 11, which indicates moderate cognitive impairment. R33's MDS indicates she is taking an antianxiety medication. Active diagnosis on R33's MDS include dementia, depression, and diabetes. R33 uses a wheelchair for ambulating, and is dependent with toileting, bathing, and dressing.</p> <p>R33's comprehensive care plan contains the following significant focused problems with interventions:</p> <p>R33 has impaired decision making related to impaired cognition (forgetfulness). Goal: R33 demonstrates optimal participation in daily decisions. Interventions include: Daily orientation to facility routines and activity schedules; Use environmental cues (e.g. pictures, signs, clocks, calendars, color coding of environment) to stimulate memory and promote appropriate behavior; Provide consistent physical environment and daily routine; Avoid demands for abstract thinking if resident can only think in concrete terms</p> <p>R33's psychosocial well-being is impaired related to childhood. Goal: R33 will have improved psychosocial well-being. Interventions include: Provide emotional support and validate concerns/feelings; Facilitate development of peer relationships/participation in activities.</p> <p>R33 has a mood state problem related to depression /anxiety as evidenced by</p> <p>anti-depressant use, skin picking. Goal: R33 will have improved mood as evidenced by no thoughts, verbalizations or depressive bxs (behaviors). Interventions include: Administer antidepressant medication as ordered and monitor for adverse side effects; Observe and document effectiveness of mood enhancement medication; Monitor behaviors and observe for patterns or triggers: having wounds or dry skin; Encourage non-pharmacological interventions that improve mood, including participation in activities, physical exercise as able, music therapy, socializing with peers and/or staff, or communication with family; Encourage resident to leave their room if able including not limited to courtyard and gardens, Apartment store, beauty shop, chapel, atrium, [NAME] Center. Staff to assist as needed.</p> <p>R33 has potential for drug related complications associated with use of psychotropic</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Medications. Goal: R33 will remain free of drug related cognitive/behavioral impairment, gait disturbance, hypotension or movement disorder. Interventions include: Observe, document, report to Medical Director (MD) as needed (prn) signs and symptoms of drug related complications; Maintain behavior monitoring program; Describe: every shift behavior monitoring; Monitor for target behaviors/symptoms and document per facility protocol; See the Fall Prevention Plan of Care; Monitor resident's mood and response to medication; Refer to psychological services as needed; Attempt non pharm interventions prior to prn usage. Goal: R33 will receive lowest therapeutic dose for control of symptoms by/through review date. Interventions include: Consult with pharmacy, MD to consider dosage reduction when clinically appropriate.</p> <p>Surveyor reviewed R33's MAR for April 2024 which included Phenytoin sodium extended 100 mg capsule by mouth three times a day for seizures. Surveyor notes R33 did not have a diagnosis of seizures.</p> <p>Surveyor interviewed DON-B on 4/3/24 at 11:54 am. DON-B confirmed R33 was receiving Phenytoin 100 mg three times daily for seizures. DON-B was unable to confirm if R33 had a diagnosis of seizures and stated she was going to get clarification.</p> <p>Surveyor interviewed Nurse Practitioner (NP)-N on 4/3/24 at 3:31 pm who indicated R33 is receiving Phenytoin for diagnosis of seizures. NP-N indicated she confirmed R33 has a diagnosis of seizures by looking at R33's previous hospital records dating back to 2013. NP-N stated R33 did not have a diagnosis of seizures listed on the facility records. NP-N indicated R33 will have frequent Phenytoin drug lab levels drawn to manage R33's Phenytoin prescription.</p> <p>On 4/3/24 at 3:38 pm, Surveyor notified Nursing Home Administrator (NHA)-A and DON-B of concerns with R33 having an order for Phenytoin to take for seizures and the facility not having a diagnosis of seizures for R33. Surveyor requested additional information if available.</p> <p>On 4/4/24 at 10:55 am, DON-B notified Surveyor that seizures has now included on R33's facility diagnoses.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>38146</p> <p>Based on observation, interviews and record review the facility did not ensure that drugs and biological's used in the facility were labeled to include the expiration date when applicable, drugs were not expired, and drugs were stored under proper temperature controls for 2 of 4 medication carts and 1 of 2 medications rooms observed.</p> <p>The facility policy titled Medication Administration revised 4/24 documents (in part) .</p> <p>.Policy: The facility following current professional standards of practice, regulations and published drug administration guidelines will maintain a medication administration system that will safely prepare, administer, and store resident medication.</p> <p>4. Safety</p> <p>j. Expiration dates on all medication packaging/vials/bottles/patches must be checked prior to administration.</p> <p>k. All medication must be labeled and dated when opened.</p> <p>8. Injections - IM (intramuscular), Subcutaneous and/or Intradermal</p> <p>b. Insulins - follow pharmacy guidelines for expiration after opening.</p> <p>10. Miscellaneous</p> <p>i). All medications that are stored in refrigerators must have refrigerator temps checked AM/PM. Temps must be documented on refrigerator temp log and stay within range on the bottom of the log.</p> <p>The facility Pharmacy guidelines document to discard the following insulin after 28 days after opening: Lispro kwik pen, Lantus vial, Humulin R vial, Novolog pen, Semglee vial.</p> <p>On 4/2/24 at 9:20 AM Surveyor observed the SV1 medication room. Surveyor noted the refrigerator, which contains medications, had a thermometer on the 1st shelf which indicated a temperature reading of 30 degrees. Inside the refrigerator surveyor observed 4 insulin pens, a locked clear plastic box containing boxes of insulin vials, an opened box of Bisacodyl suppositories and a box containing a vial of TB (tuberculosis) solution.</p> <p>On 4/3/24 at 9:26 AM Surveyor recheck of the SV1 medication room refrigerator thermometer indicated a reading of 32 degrees. Surveyor noted the same contents inside the refrigerator.</p> <p>Surveyor observed the temperature log on the front of the refrigerator documented:</p> <p>4/1/24 AM 35 degrees, PM 37 degrees.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>4/2/24 AM 35 degrees PM 30 degrees</p> <p>4/3 AM 32 degrees</p> <p>The bottom of the temperature log documented: Recommended temperature is 36-46 degrees Fahrenheit. If the temperature is above or below the recommend temperature take immediate action.</p> <ul style="list-style-type: none"> <li>- take corrective action to maintain recommended temperatures: Check and replace thermometer if needed, have maintenance check refrigerator.</li> <li>- Notify B&amp;G/Supervisor.</li> <li>- Remove items to regulated refrigerator.</li> </ul> <p>On 4/3/24 at 1:05 PM Surveyor recheck of the SV1 medication room refrigerator thermometer indicated a reading of 34 degrees. Surveyor noted the same contents inside the refrigerator. Surveyor asked Licensed Practical Nurse (LPN)-P to verify the refrigerator temp of 34 degrees. LPN-P stated: I checked it this morning, it was 32. Surveyor advised LPN-P the log sheet indicates the temperature is to be between 36-46 degrees, and asked if she notified anyone the temperature was 32 degrees this morning. LPN-P stated: No. I had the door open for awhile digging for stuff, so it may not have read correctly. I'm not sure who is in charge of making sure the temperature is right.</p> <p>On 4/3/24 at 9:29 AM Surveyor observed the 2nd floor middle medication cart. Inside the drawer Surveyor located plastic bags containing insulin pens and vials. Surveyor observed 1 Lispro insulin pen and 2 Lantus vials belonging to R20 that were open and used, but not dated when opened and</p> <p>2 Humulin R insulin vials belonging to R37 that were open and used, but not dated when opened. Surveyor showed LPN-O the above insulin's that were not dated when opened and asked if she knew how long insulin was good for, once opened. LPN-O stated: I think 28 days.</p> <p>On 4/3/24 at 9:39 AM Surveyor observed the SV2 back medication cart. Surveyor observed the following: A bottle of Docusate Sodium 100 mg - expired 1/23, a bottle of high potency multivitamin - expired 3/24, a bottle of Zinc 50 mg - best by date 1/24, a bottle of Slow Magnesium Chloride with Calcium - best by date 3/23. Plastic bags containing: 1 Lispro insulin pen belonging to R52 which was open and used, but not dated when opened, 1 Novolog insulin pen and 1 Semglee insulin glargine vial belonging to R76 that were open and used, but not dated when opened. Surveyor advised LPN-O of the expired medications and insulin that was not dated when opened. LPN-O reported she will discard all expired medications.</p> <p>On 4/3/24 at 3:15 PM during the daily exit meeting, the facility was advised of concern regarding expired medications, insulin that was open and used, but not dated when opened and the medication refrigerator below recommended temperature. No additional information was provided.</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>46214</p> <p>Based on observation, record review and interview, the facility was unaware that the dish machine was not working, and the facility did not have a process in place to ensure the high temperature dish machine was properly working for 1 of 1 kitchen which has the potential to affect all 95 residents within the facility.</p> <p>*During an observation of the high temperature dish machine, the temperature gauges outside of the dish machine were not indicating that the dish machine was reaching an appropriate temperature.</p> <p>*The facility did not have a process in place to verify the temperature of the high temperature dish machine.</p> <p>Findings include:</p> <p>The facility policy, entitled Food Services Policy and Procedure, revised date 8/21, states: Dish machine wash and rinse water should be maintained at temperatures. Manufacturer's instructions must always be followed. High Temperature Dishwasher (heat sanitization) use hot water to clean and sanitize. The temperature of the final sanitizing rinse must be at least 180F.</p> <p>Prewash cycle - 150F minimum</p> <p>Wash cycle - 160 F minimum</p> <p>Rinse cycle - 160F minimum</p> <p>Final Rinse - 180F minimum</p> <p>Procedure:</p> <p>2 (iii) Prior to each period of use, record wash and final rinse temperatures on the Dish machine Temperature Record form.</p> <p>(iv) Run dishwasher test strips into the dish machine once a week to make sure the water temperature reached proper sanitizing temperatures.</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>On, 04/01/24, at 09:250 AM, Surveyor and Food Service Manager-C were touring the dish washing area of the kitchen. Surveyor asked Food Service Manager-C what type of dish machine is being used and she stated that she thinks it is a low temperature dish machine. Surveyor observed the dish machine to actually be a high temperature dish machine. During this observation two staff were using the dish machine. One staff was on the dirty side and the other staff was on the clean side removing the clean dishes from the conveyor. Surveyor observed the clean side counter to have a lot of food debris on it. Surveyor watched 4 dirty bins of dishes be put through the dish machine and noticed that the outside gauge needle on the dish machine did not move on the rinse and prewash. Surveyor asked Food Service Manager what temperature the dish machine is supposed to go up to. Food Service Manager-C stated that it should be 160F for the wash cycle and 180F for rinse cycle. Surveyor asked Food Service Manager-C to observe the gauges as a load of dishes went through the dish machine. Food Service Manager-C confirmed that the dish machine gauge did not move. Surveyor observe the dish machine temperature log on the wall and noted that there was no documentation of any temperature for AM on 4/1/24.</p> <p>Surveyor asked Food Service Director-D if there is process in place to verify that the dish machine and outside temperature gauges are in fact working. Food Service Director-D stated that they record the temperature that are show on the gauge outside of the dish machine. Surveyor again asked how thy verify that the outside gauges are working. Food Service Director-D clarified if Surveyor was asking about using a test strip inside the dish machine and stated that she would go find one.</p> <p>Food Service Director-D returned to the kitchen about 10 minutes later with a test strip and stated that she had to go across campus to another kitchen to get a test strip because they don't use them in their kitchen on a regular basis.</p> <p>Surveyor observed Food Service Director-D place the test strip in between the tines of a fork and went to put the dirty dish bin through the dish machine. Food Service Director-D noticed that the bin was not moving on the conveyor belt. Once of the staff informed her that the conveyor belt wasn't working as of the morning. Food Service Director-D then manually pushed the dirty bin into the dish machine. She then went to the side of the dish machine to monitor the temperature gauges. Food Service Manager-D proceeded to tap the gauges with her hand while stating that the dish machine was not coming to temperature. Food Service Director-D informed Surveyor that she would not be able to put the test strip through because the dish machine was not working. Surveyor asked if she was aware that the dish machine was not working properly as of the morning, and she stated that she was not aware until now.</p> <p>Food Service Director-D then instructed staff to stop using the dish machine and to take all dishes across campus to another kitchen. She instructed that disposable paper products would have to be used for lunch and they would call and get a repairman out to the facility as soon as possible. Food Service Director-D informed Surveyor that she will put a plan in place going forward to start doing weekly verification of internal temperature of the dish a machine and make sure that staff are verifying temperature of dish machine at the start of dishwashing. Surveyor requested a copy of the dish washing policy and procedures as well a copy of the dish washing log for February and March 2024.</p> <p>The facility provided a copy of the dish machine policy as well as the temperature logs for the dish machine. Surveyor noted that February 2024 log is completed for the temperature daily, however there are no employee initials for any of the dates. Surveyor reviewed March 2024 log and it is completely correctly.</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>On 04/01/24, at 03:03 PM, during the end of day meeting with Nursing Home Administrator (NHA)-A, Director of Nursing (DON)-B and Consultant-E, Surveyor informed them of concerns with the high temperature dish machine temperature gauges not working properly and lack of a process in place to verify internal temperature of the dish machine.</p> <p>No additional information was provided at this time.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>47094</p> <p>Based on observations, interview, and record review the facility does not have a comprehensive water management plan, transmission based precautions for COVID were not followed, and the N95's in use were not fit tested for staff. This deficient practice has the potential to affect all 95 residents residing in the facility at the time of the survey.</p> <p>* The facility does not have a current water management team that meets on a regular basis, there were no flow charts specific to the facility to determine areas of concern or interventions implemented on closed units to prevent the spread of opportunistic pathogens (Legionella) in the facility's water systems, and the water management plan was not included in the facility assessment.</p> <p>* R18 tested positive for COVID-19. Certified Nursing Assistant (CNA)-I and CNA-J were observed entering R18's room without wearing the appropriate personal protective equipment. Staff had not been fit tested for N95's on an annual basis and Registered Nurse-K was observed wearing an N95 mask that RN-K had not been fit tested for.</p> <p>Findings include:</p> <p>The facility's Water Management Plan Manual last reviewed on 5/2022 states: SCOPE: The water management plan (WMP) outlines procedures for minimizing the risk of disease associated with water systems at one site. The water systems on the site are described in tables and flow diagrams. the defined objective of the WMP is to minimize the risk of Legionella in building water systems but some control measures may be included to protect specifically against other pathogens as well as chemical hazards (e.g. via back flow prevention). Legionella control measures are to be implemented with best practices for minimizing physical and chemical hazards. ORGANIZATION: the WMP will be overseen by the team leader and members listed in the Team section. STRATEGY: . 1. Identify and describe the building water systems: Conduct a water systems survey, list salient information about each system, and show the systems in flow diagrams. 3. Establish control locations: For the water systems that present a significant Legionella risk, determine points or steps at which Legionella control measures can be applied.</p> <p>On 4/4/2024 Surveyor requested the facility WMP to review. Nursing Home Administrator (NHA)-A stated the WMP was not able to be located in the facility and the Director of Maintenance (DoM)-R was on vacation. NHA-A stated a copy could be emailed to Surveyor.</p> <p>Surveyor received and reviewed the facility's WMP and noted the WMP was last reviewed in May of 2022, the team listed in the WMP were no longer employed at the facility, and there was not a flow chart indicating potential areas of concern for the spread of opportunistic pathogens in the facility's water system. Surveyor also did not see the WMP in the facility assessment.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Maplewood Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8615 W Beloit Rd West Allis, WI 53227	
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 4/4/2023 at 10:30 AM Surveyor interviewed NHA-A and Supervisor of buildings and grounds (SoB&amp;G)-S. Surveyor asked if there was a water management team that met on a routine basis. NHA-A and SoB&amp;G-S were unsure if there was a team or if anyone met regularly regarding the WMP. NHA-A stated that during the monthly Quality Assurance and Performance Improvement committee meets the DoM-R will say something about the facility WMP. Surveyor asked NHA-A if NHA-A was involved with the WMP or meetings specific to the facility WMP and control measures to prevent opportunistic pathogens in the facility's water systems. NHA-A responded that NHA-A is not familiar or involved with the WMP. SoB&amp;G-S was also not familiar with the facility WMP, but the facility has pumps that were installed so water is circled through the building so there is not standing waster in the facility's water system. Surveyor asked if there were any closed units in the facility. SoB&amp;G-S stated that one wing with ten bedrooms has been closed for at least a year if not more. Surveyor asked if the toilets and faucets are run routinely for flushing them out. SoB&amp;G-S was not sure if that was being done on routinely. NHA-A was not sure if there was any schedule for flushing of any unused sinks and toilets in the facility. NHA-A stated that NHA-A would ask DoM-R about surveyors concerns once back from vacation. Surveyor notified NHA-A that the WMP was not included in the facility assessment and there was not a flow chart specific to the facility to indicate areas of concerns that opportunistic pathogens (Legionella) can be located, NHA-A stated NHA-A would look into it. No further information was provided at this time.</p> <p>On 4/4/2024 at 11:00 AM Surveyor interviewed Infection Preventionist (IP)-H who stated IP-H was not part of a WMP committee. IP-H stated IP-H thinks DoM-R will share information in the safety committee meetings, but not sure if it is specific to the WMP. IP-H stated IP-H was not aware that is something IP-H should be involved with but will talk with DoM-R about the WMP committee once back from vacations. No further information was provided at this time.</p> <p>38253</p> <p>2.) Review of the facility policies and procedures indicates the facility follows the Centers for Disease Control and Prevention (CDC) guidelines for COVID-19 in the publication Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic dated 3/18/2024 which states: 2. Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed SARS-CoV-2 infection: .</p> <p>Personal Protective Equipment:</p> <p>-HCP (healthcare personnel) who enter the room of a patient with suspected of confirmed SARS-CoV-2 infection should adhere to Standard Precautions and us a NIOSJ Approved particulate respirator with N95 filters or higher, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face).</p> <p>-Respirators should be used in the context of a comprehensive respiratory protection program, which includes medical evaluations, fit testing and training in accordance with the Occupational Safety and Health Administration's (OSHA) Respiratory Protection standard.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 4/1/2024 at 11:15 AM, Surveyor observed a sign on R18's door that indicated R18 was in droplet precaution isolation. An isolation caddy was hanging on the outside of the door with gowns and gloves in the pockets. No eye protection was in the caddy. Surveyor had been informed upon entry into the facility that morning that R18 had tested positive for COVID-19 either that morning or the day prior. Surveyor observed the door to R18's room was open and R18 was sitting in a wheelchair in the middle of the room watching television. R18 did not have a mask on. Surveyor observed Certified Nursing Assistant (CNA)-I enter R18's room and assisted R18 with changing the station on the television. CNA-I had on a surgical mask and gloves. CNA-I did not put on a gown or put on an N95 mask. CNA-I then left R18's room and entered other resident rooms to provide assistance as needed. At 11:27 AM, Surveyor interviewed CNA-I. Surveyor asked CNA-I what kind of isolation R18 was in. CNA-I stated R18 tested positive for COVID-19 so when you go in to do cares with R18, you need to put on an N95 mask, eye protection, and a gown, but if you are just going in the room, all you need to wear is a surgical mask.</p> <p>On 4/3/2024 at 8:37 AM, Surveyor observed R18's door to the room was slightly ajar. R18 could be heard with a congested cough. A droplet isolation sign was hanging on the doorjamb with an enhanced barrier precaution sign underneath and not visible. No contact isolation sign was found. The droplet isolation sign indicated eye protection was necessary, but no eye protection was seen in the caddy hanging on the door. Registered Nurse (RN)-K was passing medications at the end of the hallway and was wearing an N95 mask. All other staff on the unit were wearing surgical masks. At 8:48 AM, CNA-J was observed to be wearing a surgical mask below the nose. CNA-J put on a gown and gloves, pulled the surgical mask over the nose, and entered R18's room to answer the call light and provide the breakfast tray. CNA-J had removed the gown and gloves prior to exiting R18's room and the surgical mask was below the nose. CNA-J realized the call light was still activated. CNA-J put on a clean gown without tying the ties and entered R18's room. CNA-J turned off the call light, removed the gown, and exited R18's room. R18 requested CNA-J turn off the overbed light as CNA-J was leaving the room. CNA-J returned to the room, leaned over R18, and turned off the overbed light. CNA-J did not have a gown, gloves, or eye protection on and had a surgical mask that did not cover CNA-J's nose when CNA-J leaned over R18 to turn off the light. Surveyor asked CNA-J what protective equipment should be used when going into R18's room. CNA-J stated if you are doing cares, you would put on an N95 mask and eye protection, but if you are just going in to drop off a tray, just a regular mask and gown would worn. Surveyor asked CNA-J if CNA-J had been fit tested for an N95 mask. CNA-J stated they were fit tested for an N95 mask a while ago but could not remember when.</p> <p>On 4/3/2024 at 9:00 AM, Surveyor observed RN-K to have an N95 mask on and eye protective glasses on the top of the head. RN-K stated RN-K keeps the glasses on the head so if RN-K has to go into a COVID-19 positive room, RN-K is ready. RN-K stated RN-K decided to wear the N95 mask all the time while working for RN-K's protection and those of others. Surveyor asked RN-K what should be worn by staff when entering R18's room. RN-K stated they should have the gown, gloves, N95, and eye protection whenever they enter the room, not just when doing cares. Surveyor asked RN-K if RN-K had been fit tested for an N95 mask. RN-K stated RN-K was fit tested a couple of years ago for a green N95 mask and a white N95 mask. RN-K was wearing a green and white striped N95 mask. Surveyor asked RN-K if RN-K had been fit tested for the N95 mask RN-K was wearing. RN-K said no.</p> <p>On 4/3/2024 at 9:39 AM, Surveyor shared with Infection Preventionist (IP)-H and Wound Care RN-M the observations and interviews with CNA-I and CNA-J. IP-H stated the CNAs are getting confused with enhanced barrier precautions and COVID-19 precautions. IP-H stated they follow the current CDC guidelines and any staff entering the room should wear gown, gloves, N95, and eye protection.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 4/3/2024 at 2:07 PM, Surveyor shared with IP-H, Wound Care RN-M, and Quality RN-L the conversation with RN-K about the N95 mask RN-K was wearing and not being fit tested for it. Wound Care RN-M stated they fit test ever new employee as they come through the door but have not done them annually. IP-H stated they identified that early on and started a project of a log with dates that they fit test and they have a few different mask models that they fit test.</p> <p>On 4/3/2024 at 3:37 PM, Surveyor shared with Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B the observations of CNA-I and CNA-J not wearing the appropriate personal protective equipment when entering R18's COVID-19 positive room and RN-K wearing an N95 mask that RN-K had not been fit tested for. No further information was provided at that time.</p>		