

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525085	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/27/2024
NAME OF PROVIDER OR SUPPLIER Eastcastle Pl Bradford Ter Conv Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 2505 E Bradford Ave Milwaukee, WI 53211	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49845</p> <p>Based on observation and interview the facility did not ensure the call light was within reach for 1 (R290) of 12 residents reviewed.</p> <p>*R290 was observed in R290's room without a call light within reach.</p> <p>Findings include:</p> <p>R290 was admitted to the facility on [DATE]. R290's BIMS score is 13 as documented in a progress note, on 11/13/2024 at 01:55 PM.</p> <p>R290's care plan documents in part, R290 has Activities of Daily Living (ADL) self-care performance deficit, related to activity intolerance, and anemia. R290 is completely dependent on staff assistance for bathing, dressing, toileting; and requires an assist of 2 staff, using a Hoyer lift for transfers. R290's care plan indicates R290 is at risk for falls, with an intervention documenting, Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. Surveyor notes R290's care plan does not indicate R290 prefers to call for assistance using the cordless phone, or that R290's call light does not have to be within reach.</p> <p>A progress note, dated 11/14/2024, at 11:46 AM, documents in part, R290 will be admitted to the Facility for long term care, R290 is able to makes needs known, R290 uses a Hoyer lift at baseline and is reliant on staff to meet Activities of Daily Living (ADL) needs.</p> <p>On 11/25/2024, at 12:23 PM, Surveyor observed R290 up in wheelchair, the bedside table was within reach, and the call light was attached to R290's bed, which was out of reach for R290. R290 indicated to Surveyor that the call light is normally attached to R290. Surveyor asked R290 how R290 would call for assistance. R290 informed Surveyor that R290 would need to yell.</p> <p>On 11/25/2024, at 01:27 PM, R290 informed Surveyor that R290 used R290's cordless phone to call down to the front desk around 12:50 PM, to ask for assistance being put into bed due to R290's buttock was painful. R290 informed Surveyor that a staff member came in and moved R290's bedside table containing the cordless phone, out of R290's reach, then left R290's room. R290 asked Surveyor to move R290's side table back over by R290 so that R290 can attempt to call for assistance again. Surveyor noted R290 was unable to move around the room without assistance.</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
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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/25/2024, at 01:36 PM, Surveyor observed Certified Nursing Assistant (CNA)-D and CNA-E enter R290's room to assist R290 into bed.</p> <p>On 11/26/2024, at 01:05 PM, Surveyor informed Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B of above concerns.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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 ensure staff followed infection control procedures for 3 (R13, R22 and R290) of 12 residents sampled.</p> <p>* Wound care preformed for R13- staff did not follow standard of practice for hand hygiene in between glove changes and did not sanitize scissors for wound treatment.</p> <p>*R290 noted to be on Enhanced Barrier Precautions (EBP), staff member observed not following standards of practice while providing high contact, incontinence care.</p> <p>*Incontinence cares observed for R22, staff member observed not changing soiled gloves and did not perform hand hygiene prior to applying lotion to R22.</p> <p>Findings include:</p> <p>The Facility's policy, titled Handwashing/Hand Hygiene, with a last revision date of October 2023, documents in part, Administrative Practices to Promote Hand Hygiene . 2. All personnel are expected to adhere to hand hygiene policies and practices to help prevent the spread of infections to other personnel, residents, and visitors. Indications for Hand Hygiene 1. Hand Hygiene is indicated: a. immediately before touching a resident; b. before performing an aseptic task (for example, placing an indwelling device or handling an invasive medical device); c. after contact with blood, body fluids, or contaminated surfaces; d. after touching a resident; e. after touching a resident's environment; f. before moving from work on a soiled body site to a clean body site on the same resident; and g. immediately after glove removal.</p> <p>The Facility's policy, titled Enhanced Barrier Precautions, with a last revision date of October 2023, documents in part, Policy Interpretation and Implementation 1. Enhanced barrier precautions (EBPs) are used as an infection prevention and control intervention to reduce the spread of multi drug resistant organisms (MDROs) to residents. 2. EBPs employ targeted gown and glove use during high-contact resident care activities when contact precautions do not otherwise apply. a. Gloves and gowns are applied before performing the high contact resident care activity (as opposed to before entering the room) . 3. Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include: a. dressing; b. bathing/showering; c. transferring; d. providing hygiene; e. changing linens; f. changing briefs or assisting with toileting; g. device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator, etc.) h. chronic wound care .</p> <p>1.) R22 was admitted to the facility on [DATE]. R22's Admission Minimum Data Set (MDS), dated [DATE], documents R22's Brief Interview for Mental Status (BIMS) score is 06, indicating R22 has severely impaired cognition. R22's Admission MDS documents R22 has frequent urinary incontinence, always incontinent of bowel and dependent when performing toileting hygiene. R22's primary medical condition category is documented as medically complex conditions.</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 - Few</p>	<p>On 11/26/2024, at 10:34 AM, Surveyor observed incontinence cares for R22. Surveyor observed Certified Nursing Assistant (CNA) CNA-F perform incontinence care for R22, with CNA-G and CNA-H assisting; all CNAs were wearing gloves to provide cares. Surveyor observed the CNA's assist R22 rolling onto R22's left side. CNA-F removed R22's brief. Surveyor observed a small bowel movement. Surveyor observed CNA-F wash the fecal matter off of R22's buttocks, CNA-F then grabbed a clean towel, dried R22's buttocks. CNA-F then grabbed a small bottle of lotion, squeezed lotion into CNA-F's hand and rubbed the lotion onto R22's buttock with unchanged gloves. CNA-F did not perform hand hygiene or change gloves after performing incontinence cares for R22.</p> <p>2.) R290 was admitted to the facility on [DATE]. R290's BIMS score is 13 as documented in a progress note, on 11/13/2024 at 01:55 PM. R290 has a relevant medical diagnosis of urinary retention. Surveyor noted R290 has an indwelling catheter per R290's medical record.</p> <p>On 11/25/2024, at 12:33 PM, Surveyor observed R290 to have an enhanced barrier precautions (EBP) sign on door and a 3 drawer cart outside the room with personal protective equipment (PPE).</p> <p>On 11/25/2024 at 01:36 PM, Surveyor observed CNA-E and CNA-D assisting R290 into bed using a Hoyer lift. Surveyor noted CNA-E and CNA-D did not don gowns, but donned gloves. Once R290 was in bed, CNA-D removed R290's pants and brief to begin performing incontinence cares. CNA-D completed cares with R290 without concerns, Surveyor asked CNA-D if R290 was on any precautions, CNA-D informed Surveyor that R290 was not on any precautions.</p> <p>On 11/26/2024, at 01:05 PM, Surveyor informed Nursing Home Administrator (NHA)-A, Director of Nursing (DON)-B and Infection Preventionist (IP)-C of above concerns.</p> <p>21855</p> <p>3.) On 11/26/24, at 9:55 AM, Surveyor observed wound care for R13 completed by Infection Preventionist (IP)-C. IP-C began by utilizing hand hygiene and donning gloves and a gown.</p> <p>IP-C dated two border foam dressings on the over bed table. IP-C removed the dressing on R13's mid back. IP-C removed their gloves with the used dressing and donned new gloves. IP-C did not utilize hand hygiene with the glove change. IP-C cleansed the wound and then removed their glove on their right-hand after washing the wound. IP-C then donned a new glove on their right hand. IP-C did not utilize hand hygiene with the glove change. IP-C then took scissors and cut through a package of Xeroform. IP-C cut out a section through the package. IP-C did not sanitize their scissors, nor open the package to access the dressing directly. IP-C applied the Xeroform to the wound bed via a Q-tip swab. IP-C then applied the border foam dressing.</p> <p>IP-C removed their gloves and utilized hand hygiene. IP-C then donned new gloves. IP-C removed the used dressing from the sacrum area. IP-C removed their gloves and donned new gloves. IP-C did not utilize hand hygiene after the glove change. IP-C cleansed the wound then removed their right hand glove. IP-C then donned a new right glove. IP-C did not utilize hand hygiene with the glove change. IP-C used their scissors to cut a section of Xeroform through the package. IP-C did not sanitize their scissors, nor open the package to access the dressing directly. IP-C applied the Xeroform to the wound bed via a Q-tip swab. IP-C then applied the border foam dressing.</p> <p>(continued on next page)</p>		

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