STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525108	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Resolve at West Allis Respiratory and Rehab	9047 W Greenfield Ave West Allis, WI 53214

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0579 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide information about how to apply for and use Medicare and Medicaid benefits. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, document review and staff interviews, the facility failed to ensure one of one (Resident (R) 2) family member (F1) was provided with a timely refund for paying privately prior to the approval of R2's Medicaid application for long-term care services. Findings include: Review of an email that was provided by the facility dated 03/14/25 and written by the Clinical Liaison/admission Coordinator indicated she was notified by R2's representative that the resident was approved by long-term care Medicaid coverage. Review of a document provided by the facility referred to as a sample admission Packet undated indicated, . Facility may provide information needed in applying for coverage under Medicare, Medicaid or third-party insurance, but you are responsible for applying for and maintaining coverage. For example, the daily basic rate will apply, and payment will be due from the Resident's personal funds while a Medicaid application is pending . The estimated Resident Liability will continue until Medicaid eligibility is established. If Medicaid coverage is retroactive for a period for which payment has already been made, the Facility will refund or credit any amount exceeding the amount due for the covered period. Excess payments will be returned by Facility within thirty (30) days of the establishment of Medicaid eligibility, unless such payment must be used in accordance with Medicaid eligibility requirements or must be applied to days of residency not retroactively reimbursed by Medicaid. Review of a document provided by the facility titled Resident Statement dated 06/02/25 indicated a payment was made to the facility on [DATE] in the amount of $2,350.00. The document indicated a second payment was made to the facility on [DATE] in the amount of $5,500.00. (continued on next page)

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525108	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Resolve at West Allis Respiratory and Rehab	9047 W Greenfield Ave West Allis, WI 53214

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0579 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with the Business Office Manager (BOM) on 06/02/25 at 3:28 PM she explained that R2's FM1 shared a bank account with R2, and the funding source could not be determined for the resident. The BOM stated the representative applied for Medicaid for R2 early on in the resident's stay. The BOM stated R2 was initially covered by a Medicare Health Management Organization (HMO)/Advantage plan and the plan cut the resident's skilled services. BOM stated the resident's Social Security check was being sent to the facility for the patient portion of payment and from the patient portion, the resident received $40 per month. The BOM stated there was a delay in the state Medicaid program with the approval for coverage of R2, and R2 was considered private pay until the state Medicaid for long-term care coverage was approved. The BOM was asked about the language in the admission paperwork about refunds and the BOM stated she speaks with the resident and/or the family member about deposits and refunds and was unaware of what the language was in the admission paperwork for refunds. When asked about the status of the refund to FM1 the BOM stated to contact the Account Receivable Manager (ARM) with the corporate office since she was unaware if FM1 was given a refund. During interview with the Accounts Receivable Manager (ARM) on 06/03/25 at 2:30 PM, the ARM stated she was alerted to the balance due back to R2's FM1 on 05/30/25. The ARM stated she was new to the situation and was unaware of the details of the refund. The ARM explained that according to her records R2 was private pay during the following months: 12/24, 01/25, 02/25, 03/25. The ARM stated she was unaware of when R2 became covered by long-term care Medicaid but stated the Medicaid program was retroactive payment for her entire stay. During an interview with the Administrator on 06/04/25 at 1:18 PM, she stated R2's FM1 wrote two checks in the amount of $7853.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525108	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Resolve at West Allis Respiratory and Rehab	9047 W Greenfield Ave West Allis, WI 53214

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record review, and facility policy review, the facility failed to ensure one (Resident (R)1) care plan out of a survey sample of 15, accurately reflected the resident's current status. This failure created an increased risk for the resident to receive care and services not appropriate for their current clinical condition. Findings include: Review of the facility's policy titled Care Plans, Comprehensive Person, Centered dated 03/22 indicated, . Assessments of residents are ongoing, and care plans are revised as information about the residents and the residents' conditions change. Review of R1's electronic medical record (EMR) titled admission Record located under the Profile tab indicated the resident was admitted to the facility on [DATE]. Review of R1's EMR titled Care Plan located under the Care Plan tab dated 01/08/24 indicated the resident's code status was a full code. Review of R1's EMR significant change Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/26/25 indicated the resident had a Brief Interview for Mental Status (BIMS) score of 11 out of 15 which revealed the resident was moderately cognitively impaired. Review of R1's EMR physician Orders located under the Orders tab dated 02/20/25 indicated the resident was a do not resuscitate (DNR). Review of R1's EMR referred to as a dashboard indicated the resident was a DNR. During an interview on 06/02/25 at 1:22 PM, R1's family member (F)1 stated the resident's code status was DNR and confirmed R1 was unable to make decisions for herself. During an interview on 06/02/25 at 1:26 PM, the Social Services Director (SSD) stated when a care conference was held the code status was discussed. The SSD confirmed that the resident was unable to make decisions for herself and F1 was the activated decision maker for the resident. During an interview on 06/02/25 at 2:14 PM, SSD stated she confirmed the care plan was not accurate. During an interview on 06/03/25 at 1:25 PM, the Director of Nursing (DON) stated her expectation was to have the correct code status on a resident's care plan.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525108	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Resolve at West Allis Respiratory and Rehab	9047 W Greenfield Ave West Allis, WI 53214

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, record review, facility policy review, and Centers for Disease Control (CDC) guidance, the facility failed to adhere to infection control practices and policies during wound care related to staff failing to perform hand hygiene during glove changes for one of two residents (Resident (R) 6) observed for wound care in the sample of 15 residents. In addition, the Respiratory Therapist (RP)1 failed to apply appropriate Personal Protective Equipment (PPE) prior to performing a respiratory treatment for one of one resident (R1) with a tracheostomy in the sample of 15 The deficient practice increased the risk for cross contamination and infections. Findings include: 1. Review of the facility's policy titled, Handwashing/Hand Hygiene revised October 2023 provided by the facility indicated, Hand hygiene is indicated: . before moving from work on a soiled body site to a clean body site on the same resident; and immediately after glove removal. Applying and Removing Gloves: Perform hand hygiene before applying non-sterile gloves. Hold the removed glove in the gloved hand and remove the other glove by rolling it down the hand and folding it into the first glove . Perform hand hygiene. During an observation of R6's wound care on 06/03/25 at 11:07 AM, the Assistant Director of Nursing (ADON) and Licensed Practical Nurse (LPN) 2 entered R6's room to perform wound care. Both nurses performed hand hygiene, donned gowns, and donned clean gloves. LPN2 positioned R6 on her side. ADON removed the soiled dressing. The ADON then removed the soiled gloves and donned clean gloves without performing hand hygiene. The ADON cleansed the wounds, then removed the soiled gloves, sanitized hands, and donned clean gloves. The ADON packed each wound. Both nurses then repositioned the resident in bed, removed their gloves, gowns, and sanitized their hands. Review of R6's admission record located under the Profile tab of electronic medical record (EMR) revealed R6 was admitted to the facility on [DATE] with diagnosis of hemiplegia. Review of the annual Minimum Data Set (MDS) located under the MDS tab of the EMR, with an Assessment Reference Date (ARD) of 04/01/25 with a Brief Interview for Mental Status (BIMS) score of 12 out of 15 which indicated the resident was moderately cognitively impaired. The MDS indicated a stage 3 pressure ulcer. Review of the Care Plan dated 07/22/24 located under the Care Plan tab in the EMR. indicated the resident had skin breakdown and was on Enhanced Barrier Precautions (EBP). During an interview on 06/03/25 at 11:28 AM, the ADON stated, When completing wound care the procedure is to wash hands, put on a gown, put on clean gloves, remove the soiled dressing, remove the soiled gloves, sanitize hands, cleanse the wound, remove gloves, sanitize hand, put on clean gloves, apply the clean dressing, remove gloves, gown, and hand sanitize. I should have sanitized hands during glove changes after I removed the soiled dressing and before cleansing the wound. I don't know why I didn't do that. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525108	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Resolve at West Allis Respiratory and Rehab	9047 W Greenfield Ave West Allis, WI 53214

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 06/03/25 at 1:30 PM, the Director of Nursing (DON) stated, The expectation is for hand hygiene to be completed between every glove change. After the nurse removes the soiled dressing, remove soiled gloves, perform hand hygiene, and apply clean gloves. 2. Review of the CDC website https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html, dated 06/28/24 indicated, . Enhanced Barrier Precautions are an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes. Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices). Yes. Enhanced Barrier Precautions are recommended for residents with indwelling medical devices or wounds, who do not otherwise meet the criteria for Contact Precautions, even if they have no history of MDRO colonization or infection and regardless of whether others in the facility are known to have MDRO colonization. This is because devices and wounds are risk factors that place these residents at higher risk for carrying or acquiring a MDRO and many residents colonized with a MDRO are asymptomatic or not presently known to be colonized. Review of the facility's policy titled Enhanced Barrier Precautions dated 12/24 indicated, Enhanced barrier precautions are utilized to prevent the spread of multi-drug-resistant organisms (MDROs) to residents. Indwelling medical devices include .tracheotomies. EBP employ targeted gown and glove use in addition to standard precautions during high contact resident care activities when contact precautions do not otherwise apply. Review of R1's EMR titled admission Record located under the Profile tab indicated the resident was admitted to the facility on [DATE] with a diagnosis of chronic and acute respiratory failure. Review of R1's EMR significant change MDS with an ARD of 02/26/25 located under the MDS tab indicated the resident had a BIMS score of 11 out of 15 which revealed the resident was moderately cognitively impaired. The assessment indicated that the resident required tracheostomy care. Observation on 06/02/25 at 2:09PM, RT1 performed hand hygiene and donned disposable gloves. RT1 did not don a gown. RT1 proceeded to place the nebulizer mask on R1's tracheostomy site and run the nebulizer treatment. During this observation, interview with RT1, she stated she typically dons a gown during any respiratory treatment and confirmed she did not don a gown at this time. Posted on the door of the resident's room was a sign titled Enhanced Barrier Precautions which indicated that staff were to don a gown and gloves when there were high contact care activities such as tracheostomy care. In addition, there was PPE hanging on R1's door which included gowns. During an interview on 06/03/25 at 1:25 PM, the DON stated it was her expectation that staff don proper PPE when performing direct care for a resident who was under EBP.