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	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allis Care Center	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 0660 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Plan the resident's discharge to meet the resident's goals and needs. 50700 Based on observation, interview, and record review., the facility did not ensure that 1 (R79) of 2 residents reviewed for discharge, had a discharge plan that was developed or implemented in an effective discharge planning process that focuses on the resident's discharge goals and resident safety. *R79 stated a desire to return home after being admitted to the facility. R79 was scheduled for discharge on 11/29/2024 and 12/2/2024. R79's care plan was developed without including measurable objectives or defined interventions consistent with R79's needs and goals. Findings include: The facility policy, titled Discharge Planning Process, dated 1/10/2024, states: Procedure: 1. A Discharge plan of care will be developed for each resident and will be included as part of the Comprehensive Care Plan. 2. The discharge plan of care must: -Identify needs that must be addressed before the resident can be discharged , such as resident education, rehabilitation, and caregiver support and education. -Be re-evaluated regularly and updated when the resident's needs or goals change. -Document the resident's interest in, and any referrals made to the local contact agency. R79 was admitted to facility 11/08/2024 with a diagnosis of muscle weakness, lack of coordination, adult failure to thrive, type 2 diabetes, and gastrostomy status (surgical opening into the stomach for nutritional support also known as a G-tube). R79 has a history of chronic kidney disease requiring dialysis. R79's Minimum Data Set (MDS) assessment, dated 11/14/24, documents a Brief Interview for Mental Status (BIMS) of 15 indicating that R79 is cognitively intact for daily decision-making skills. The MDS indicates that R79 had functional level impairment to one side with upper extremities and is dependent on staff for showers, sit to lying, lying to sitting, sit to stand, bed to chair and toilet transfers. The MDS documents that R79 is frequently incontinent of urine and bowels. R79 requires a feeding tube and a therapeutic diet. R79 is at risk for pressure ulcers and has a history of pressure ulcers. (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	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allis Care Center	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 0660 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R79's Discharge care plan, dated 11/14/2024, with a target date of 2/18/2025, states: R79 desires to discharge home with supports after rehab. Interventions include: - Identify any barriers to resident discharge goals and measures to work thru such barriers. - Identify education needs for resident/caregiver to assist with successful discharge. - Identify equipment needed to assist with successful discharge. - Identify if home services are needed for successful discharge. Surveyor noted, no specific barriers, education needs, equipment or home services were identified in R79's care plan. On 12/03/2024, at 09:46 AM, Surveyor observed R79 in bed with a pink wash basin on R79's chest, with the head of bed elevated. R79 stated R79 was feeling nauseous this morning and was spitting into the basin. R79 stated the last time R79 used a walker, or the toilet was last spring before R79 fell at home. Surveyor observed R79 had a hospital bed, walker, wheelchair, tube feeding pump and a Hoyer sling in the room. On 12/03/2024, at 10:35 AM, Surveyor interviewed certified nursing assistant (CNA)-M regarding R79. CNA-M stated that R79 always seems like R79 is sleeping, you don't see R79 up in a chair, and that when staff attempts to get R79 up in a wheelchair, R79 refuses. CNA-M stated the facility has not talked to CNA-M about discharge planning. CNA-M stated that R79 only eats ice and that R79 doesn't eat much food. CNA-M stated that R79 is tired a lot and that discharging R79 home would be tough. On 12/03/2024, at 11:23 AM, Surveyor interviewed Social Worker (SW)-K about R79's discharge care planning. SW-K stated SW-K does not change discharge care plans for short-term residents and that the discharge care plan will have short-term goals that don't change unless it's needed or if the resident would be moving to long-term care in the facility. SW-K stated that if R79 would be discharged home at this time, R79's durable medical equipment (DME) could be delivered but that R79's family member didn't want to obtain the equipment. SW-K stated that R79 had multiple orders to discharge but that at the time, therapy had stated that R79 was not safe for discharge R79's family stated they didn't want to be stuck with the bill and that R79 had also stated it was not safe for R79 to discharge. On 12/03/2024, at 11:57 AM, Surveyor interviewed R79 regarding discharge planning. R79 informed Surveyor that R79 not want to live at the facility and wants to go home, but that R79 wants the DME equipment and the care at home that is needed to be safe. Surveyor observed R79 spitting into a pink basin and complaining of nausea and vomiting. (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	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allis Care Center	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 0660 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 12/04/2024, at 01:19 PM, Surveyor interviewed SW-K regarding R79's discharge planning. SW-K stated that R79's barriers to discharge were that there was no education for home care or the tube feeding. SW-K stated that R79 does not need a tube feeding pump anymore because R79 will be switching to bolus tube feeding. Surveyor asked SW-K if R79 switching to bolus tube feeding will increase R79's nausea and vomiting concerns or if bolus tube feeding has already been attempted. SW-K replied that SW-K did not know. SW-K identified the durable medical equipment that R79 needed to be successfully discharged . Per SW-K, R79 would require a a hospital bed, Hoyer lift and bedside commode to be discharged home. SW-K identified home care services needed for discharge would be physical, occupational therapy and home health care. Surveyor noted that the barriers, education needs, equipment needs, or home care services were identified prior to Surveyor asking and were not listed on R79's care plan. On 12/4/2024, at 1:49 PM, Surveyor interviewed Nurse Practitioner (NP)-N who stated R79 wanted to discharge home to R79's family, but the discharge was delayed because family members were not ready. Surveyor informed NP-N that R79 was switching from a 12-hour tube feeding administration to a bolus tube feeding for discharge home. NP-N stated that NP-N was unaware of R79 having nausea and vomiting, as nursing staff did not inform NP-N aware of the issues caused by the change. On 12/04/2024, at 02:14 PM, Surveyor interviewed Registered Nurse (RN)-L regarding R79's bolus tube feeding. RN-L stated it would have a concern for R79 to discharge as R79's tube feeding orders were switched to a bolus from 75 cubic centimeters (CC) an hour administration and complaints of nausea, which was not addressed. On 12/04/2024, at 03:14 PM, Surveyor interviewed Nursing Home Administrator (NHA-A) who stated that there was a documentation issue as staff are not documenting the things they are doing for R79, as staff is not adding changes or updates to R79's plan of care. if you didn't put changes or updates on the care plan, that equals to it not being done. NHA-A acknowledged that the discharge planning process is the concern for R79. No additional information was provided as to why the facility did not ensure that R79 had a discharge plan that was developed or implemented in an effective discharge planning process that focuses on the R79's discharge goals and safety.

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	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allis Care Center	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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47094 Based on observation, interview, and record review the facility did not ensure residents who are unable to carry out activities of daily living receive the necessary services to maintain good grooming for 1 (R50) of 19 resident's reviewed for ADL's (Activities of Daily Living). *R50's request for nail trim and face shave was not completed. The explanation for why R50 did not receive a beard trim and nails trimmed is that R50 refuses baths. R50 did not have a plan of care to address R50's refusals. The facility did not assist in providing personal hygiene that did not require a full bath to complete. Findings include: The facility policy titled Activities of Daily Living (ADLs), Supporting revised March 2018 documents: Policy Statement: Residents will provided [sic] with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene. Policy Interpretation and Implementation: . 2. Appropriate care and services will be provided for residents who are unable to carry our ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: a. Hygiene (bathing, dressing, grooming, and oral care) . R50 was admitted to the facility on [DATE] and has diagnoses that include hemiplegia and hemiparesis following cerebral infarction affecting the right dominant side, muscle weakness, lack of coordination, cognitive communication deficit, type 2 diabetes mellitus, and peripheral vascular disease. R50's admission minimum data set (MDS) dated [DATE] indicates R50 has intact cognition with a Brief Interview for Mental Status (BIMS) score of 15 and the facility assessed R50 to be dependent on at least one staff member with personal hygiene. R50 has an impairment to R50's upper extremities on the right side. The facility documented R50 did not have behaviors when assessed on 10/17/2024. On 12/2/2024, at 9:17 AM, Surveyor observed R50 sitting up in bed eating breakfast. R50 was observed to have long fingernails on the right and left hand. Surveyor asked if R50 liked R50's nails that length. R50 replied no and has requested to have them cut but staff never cut them. R50 stated that a request to be shaved was also made but he has not gotten a shave yet. R50's care plan for Assistance with ADLs r/t (related to) self-care deficit, weakness, hemiplegia initiated on 10/22/2024 has the following interventions: - Nail care PRN (as needed) (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	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allis Care Center	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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Staff to assist with the completion of ADL's on a daily basis. R50's certified nursing assistant (CNA) Kardex has the following interventions under Safety: - Avoid scratching and keep hands and body parts from excessive moisture. - Keep fingernails short. On 12/4/2024, at 9:17 AM, Surveyor interviewed registered nurse unit manager (RN)-E who stated R50 refuses showers but was not aware they wanted nails cut and to be shaved. RN-E stated R50 has a behavioral care plan in place regarding R50's refusals with interventions in place. On 12/4/2024, at 9:41 AM, Surveyor interviewed CNA-F who stated R50 refuses showers sometimes and that is when nail care and shaving usually occurs. CNA-F stated nursing will cut the nails for residents that are diabetic, so not sure if nursing has cut R50's nails before. CNA-F stated R50 gets showers on Saturdays and will refuse those. CNA-F stated CNA-F has not asked R50 if R50 needed to be shaved or if wants nails trimmed. Surveyor reviewed R50's refusal care plan initiated on 11/19/2024 with the following focus: -The resident refuses therapy at times related to adjustment to nursing home. Surveyor noted a revision on 12/4/2024 (during the survey) to R50's care plan: -The resident refuses therapy and showers at times related to adjustment to nursing home. There were no interventions implemented regarding R50's refusal of showers. On 12/4/2024, at 2:08 PM, Surveyor shared concerns with director of nursing (DON)-B that R50 requested to have nails trimmed and face shaved and this has not been completed since admission on 10/11/2024. DON-B stated R50 has a tendency to refuse and that the care plan has been revised to indicate that. Surveyor informed DON-B that there was no documentation indicating that R50 refused to be shaved or have nails trimmed and the care plan was revised to state refusals of therapy and showers with no interventions for shower refusal. On 12/9/2024 the facility sent additional information to Surveyor. Surveyor received/reviewed SKIN MONITORING: Comprehensive CNA Shower Review sheets for R50. Surveyor noted the following documentation on the shower/skin monitoring sheets for R50: - 10/12/2024, for the section nail care completed- No, not needed at this time was circled. - 10/19/2024, nursing documented shower refused, bed bath given. Nail care completed- No, not needed at this time' was circled. - 10/26/2024, nursing documented refusal of shower and circled for nail care- No, not needed at this time. (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	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allis Care Center	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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- 11/9/2024, nursing documented refused shower, bed bath given. No nail care status is documented. - 11/23/2024, nursing documented refused shower, bed bath given, hair cut and shave by family. Surveyor noted with the additional information, there is still concern that additional grooming was not offered to R50 or provided upon R50's request for nail care and shaving.

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	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allis Care Center	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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49435 Based on observation, interviews and record review, the facility did not ensure 1 (R57) of 1 residents reviewed for Dialysis received Dialysis care in accordance with professional standards of practice. *R57 did not have a MD (Medical Doctor) order for monitoring R57's Arterio-Venous (AV) Fistula for bruit (whooshing sound of blood flow) or thrill (palpable vibration of the blood flow) until 12/2/24, which was after the current Recertification Survey began. There is no evidence staff were monitoring R57's AV fistula site for bruit or thrill from the end of the last Recertification Survey (6/11/24) through 12/2/24. Findings include: Vascular Access Fact Sheet developed by the American Nephrology Nurses Association and copyrighted in 2023, documents, in part: . Measures can be taken to prevent clotting or infection to the access. Patency is assessed by feeling the 'thrill' or vibration of blood through the access or using a stethoscope to listen to the 'bruit' or 'whoosh' of blood through the access. The patient should be encouraged to check the access for a thrill at least daily . https://www.annanurse.org/download/reference/practice/vascularAccessFactSheet.pdf The facility policy titled, Hemodialysis Access Care with a revised date of September 2010 documents, in part: . Hemodialysis access devices are surgically placed and removed. Vascular access may be accomplished in one of three ways: Arterio-Venous Fistula (AVF) . AVF is the preferred method of vascular access. Access is created by surgically connecting an artery and a vein. The AVF is usually placed in the arm . Care involves the primary goals of preventing infection and maintaining patency of the catheter (preventing clots). To prevent infection and/or clotting: Keep the access site clean at all times . Check the color and temperature of the fingers, and the radial pulse of the access arm when performing routine care and at regular intervals. Check Patency of the site at regular intervals. Palpate the site to feel the thrill, or use a stethoscope to hear the whoosh or bruit of blood flow through the access . R57 was admitted to the facility on [DATE] with diagnoses that include, End Stage Renal Disease, Pneumonia, Chronic Obstructive Pulmonary Disease, and Neuromuscular dysfunction of the bladder. R57's Annual Minimum Data Set assessment dated [DATE] documents R57 has a moderate cognitive impairment. R57 receives dialysis for End Stage Renal Disease. R57's Dialysis Care plan with an initiation date of 12/22/22 documents the following pertinent interventions: Encourage resident to go for the scheduled dialysis appointments. Resident receives dialysis. NO IV/[Blood Pressure] to left arm [due to] fistula. Nurses: check vital signs and fill out dialysis communication sheet prior to resident leaving for appointment. Send binder with resident. Observe bruit and thrill to fistula as necessary/ordered/appropriate. Observe/document/report [as needed] any [signs/symptoms] of infection to access site . (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	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allis Care Center	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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R57's Dialysis Care plan included the following intervention that was canceled on 4/14/23: Monitor Bruit and Thrill, notify MD promptly for any negative findings. R57's MD order with a start date of 3/6/24 and a discontinued date of 4/2/24 documents: Auscultate Bruit and Palpate Thrill every shift. R57's active MD order with a start date of 4/3/24 documents: Observe fistula site to Left Upper Arm for signs and symptoms of infection, edema, and bleeding. Notify MD of any abnormal findings. Every shift. R57's active MD order with a start date of 5/25/24 documents: Location of dialysis fistula Left Upper Arm. Surveyor noted R57's MD order for monitoring of bruit and thrill was discontinued and the intervention for monitoring bruit and thrill was canceled on R57's care plan. An active order and intervention were not entered after the order and intervention were discontinued. Surveyor reviewed R57's Medication Administration Record (MAR) and Treatment Administration Record (TAR) and did not locate documentation that staff were monitoring R57's AV fistula for bruit or thrill from 6/11/24 (The previous recertification survey) through 12/2/24 (the start of the current recertification survey). On 12/2/24, facility staff added the following MD order: Check bruit and thrill every shift. Surveyor noted that the order for monitoring of R57's AV Fistula was not added until after the current Survey had started. On 12/3/24 at 12:59 PM, Surveyor interviewed Nurse Technician (NT)-H. Surveyor asked what monitoring is completed on a resident with an AV fistula. NT-H stated that the AV fistula is monitored by stethoscope each shift to check for bruit. On 12/4/24 at 8:38 AM, Surveyor interviewed Licensed Practical Nurse (LPN)-I. Surveyor asked what monitoring is completed on a resident with an AV fistula. LPN-I stated that surveyor should ask Unit Manager, Registered Nurse (RN)-E. Surveyor asked how often a nurse would need to check an AV Fistula for bruit or thrill. LPN-I stated, I'm not sure, that is a question you should ask Unit Manager, RN-E. On 12/4/24 at 8:17 AM, Surveyor interviewed Unit Manager, RN-E. Surveyor asked if monitoring of an AV Fistula included assessing for a bruit and/or thrill. RN-E indicated that staff should be monitoring for a bruit or thrill. Surveyor asked how often the monitoring should occur. RN-E stated that RN-E believed staff should assess the AV Fistula each shift, but RN-E wanted to check and make sure. On 12/4/24 at 9:31 AM, Unit Manager, RN-E returned to Surveyor. RN-E stated that staff should be assessing the AV Fistula for bruit and/or thrill each shift. (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	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allis Care Center	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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 12/4/24 at 8:44 AM, Surveyor interviewed Director of Nursing (DON)-B. Surveyor asked what is DON-B's expectation of monitoring of an AV Fistula. DON-B indicated that residents with a fistula should have an order for monitoring bruit and/or thrill every shift. Surveyor informed DON-B that Surveyor could not locate documentation of assessing R57's AV fistula for bruit or thrill since the last recertification survey. DON-B indicated that R57 did have an admission to the hospital and believed that the order was not placed as an active order when R57 returned to the facility. DON-B stated that DON-B is completing education with staff to make sure that orders like this are not missed and that they are placed as an active order after being readmitted to the facility. On 12/4/24 at 8:50 AM, DON-B returned to Surveyor to inform surveyor that the facility conducted an audit over the weekend and identified that R57's monitoring of the AV Fistula was an issue. DON-B stated that because of the audit the MD order for monitoring was placed on Monday, 12/2/24. DON-B stated the facility identified the problem and corrected the problem and it is past non-compliance. Surveyor noted 12/2/24 is the start date of the survey. On 12/04/24 at 3:20 PM Surveyor informed Nursing Home Administrator (NHA)-A of the continued concern that R57 did not have evidence of R57's AV Fistula being monitored for bruit and/or thrill since the last recertification survey. NHA-A stated that the facility identified the issue during an audit conducted over the past weekend. NHA-A stated that facility staff spoke to the facility MD on Monday, 12/2/24, to make the MD aware of the concern. After that, the order for monitoring was placed in R57's medical record. NHA-A stated that NHA-A completed multiple steps to achieve past non-compliance. Surveyor informed NHA-A that because the concern was not corrected until after the start of the current survey and is current noncompliance. On 12/9/24, Surveyor received additional information from NHA-A. NHA-A sent 3 months worth of dialysis communication sheets completed on dialysis days. On the dialysis communication sheets, R57's fistula is, at times, documented as being assessed for bruit and/or thrill. Surveyor noted this assessment is not completed by the facility but by the dialysis clinic staff on the days of dialysis. Surveyor also noted NT-H, RN-E and DON-B stated that an AV fistula should be assessed each shift in the facility. Surveyor noted the facility entered an order for assessing the AV fistula each shift on 12/2/24 according to their stated practice.

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	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allis Care Center	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** 38253 Based on observation, interview, and record review, the facility did not ensure a sanitary environment was maintained to help prevent the potential development of infections for 1 (R71) of 7 residents observed during wound care. R71 was incontinent of liquid stool prior to Licensed Practical Nurse (LPN)-C doing a dressing change to R71's Stage 4 pressure injury to the coccyx. LPN-C did not provide incontinence care to clean the buttocks or intergluteal cleft prior to completing the dressing change potentially contaminating the dressing and introducing fecal matter into the Stage 4 pressure injury. Findings include: The facility policy and procedure titled Wound Care from Med-Pass (C)2001 revised 2010 documents: Steps in the Procedure: . 11. Place one (1) gauze to cover all broken skin. Wash tissue around the wound that is usually covered by the dressing, tape or gauze with antiseptic or soap and water. 16. Discard disposable items into the designated container. Discard all soiled laundry, linen, towels, and washcloths into the soiled laundry container. Remove disposable gloves and discard into designated container. Wash and dry your hands thoroughly. The National Pressure Ulcer Advisory Panel (NPUAP) and the European Pressure Ulcer Advisory Panel (EPUAP) provide standards of practice in the prevention and care of pressure ulcers. The NPUAP and EPUAP publication of the Prevention and Treatment of Pressure Ulcers: Quick Reference Guide dated (C)2014 documents: Introduction: Cleansing is an important first step in preparing the pressure ulcer wound bed to heal by removing surface debris and dressing remnants and allowing better wound visualization for assessment. Recommendations: 1. Cleanse the pressure ulcer at the time of each dressing change. 1.1. Cleanse most pressure ulcers with potable water (i.e., water suitable for drinking) or normal saline. 1.2. Consider using an aseptic technique when the individual, the wound or the wound healing environment is compromised. 1.3. Consider using cleansing solutions with surfactants and/or antimicrobials to clean pressure ulcers with debris, confirmed infection, suspected infection, or suspected high levels of bacterial colonization. 1.4. Cleanse pressure ulcers with sinus tracts/tunneling/undermining with caution. (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	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allis Care Center	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	2. Apply cleansing solution with sufficient pressure to cleanse the wound without damaging tissue or driving bacteria into the wound. 2.1. Contain and properly dispose of used irrigation solution to reduce cross-contamination. 3. Cleanse surrounding skin. 1.)R71 was admitted to the facility on [DATE] with diagnoses of cardiac arrest, dysphagia requiring a gastrostomy tube for nutrition, chronic respiratory failure requiring a tracheostomy, and diabetes and currently has a Stage 4 pressure injury to the coccyx which was acquired on 8/16/2023. R71 had a history of sepsis from the coccyx pressure injury. R71's Annual Minimum Data Set (MDS) assessment dated [DATE] documented R71 was unable to communicate and utilized a urinary catheter, a feeding tube, oxygen, suctioning, and a tracheostomy. R71 had a legal guardian. R71's Activities of Daily Living (ADL) Care Plan initiated on 8/17/2023 documented R71 was totally dependent on staff for all cares, bed mobility, and transfers. R71's Actual Skin Impairment Care Plan initiated on 8/7/2023 had interventions in place on 12/4/2024 that included: -18Fr Foley catheter for wound healing -Banana flakes three times daily for incontinence management -Change clothes/linens when damp or wet to prevent prolonged moisture to skin -Incontinence briefs to be left off when in bed -Provide incontinence care as needed to keep skin as clean and dry as possible; utilize barrier cream as ordered/needed to protect skin from incontinence. R71's Bowel Incontinence Care Plan initiated on 11/29/2023 had the intervention to check for incontinence with cares and provide peri-care after each incontinent episode as needed. On 11/27/2024 on the Wound - Observation Tool, nursing documented the Wound Nurse Practitioner (WNP) was present for wound rounds. The documentation on the Wound - Observation Tool and the Progress Note entered dated 11/27/2024 at 12:30 PM by the WNP into R71's medical record contained the same information. R71's Stage 4 pressure injury to the coccyx measured 5 cm x 3 cm x 2.9 cm with circumferential undermining with the deepest measurement at 9 o'clock of 4.5 cm with 100% granulation tissue to the wound bed. (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	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allis Care Center	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	On 12/4/2024 at 8:07 AM, Surveyor accompanied LPN-C and Assistant Director of Nursing (ADON)-D into R71's room to observe wound care to R71's coccyx. LPN-C stated R71's pressure injury declined every time R71 was admitted to the hospital and would improve when back at the facility. LPN-C stated hospice was discussed with R71's family the last time R71 was admitted to the hospital, but R71's family refused hospice at that time. LPN-C stated the dressing to the coccyx consisted of Hydrofera blue with Optilock on top because there is a lot of drainage from the wound, and then a border foam dressing is placed over the top. R71 was observed lying in bed on an air mattress with heel boots on both feet. R71 did not have briefs on as per care plan. LPN-C, with the assistance of ADON-D, rolled R71 onto the left side exposing the buttocks. Surveyor observed R71 to have liquid stool, that was creamy in consistency, covering both buttocks and going up the intergluteal cleft towards the dressing on the coccyx. LPN-C removed the coccyx dressing exposing the open wound that measured approximately 4 cm x 4 cm x 2 cm with undermining to the entire circumference of the wound. LPN-C cleansed the inside of the wound, placed the Hydrofera blue dressing using a sweeping motion across the distal aspect of the wound closest to the liquid feces into the wound bed, tucking the foam into the undermining areas, placed the Optilock on top of the Hydrofera blue, and covered the entire dressing with a foam border dressing. LPN-C did not provide incontinence care to R71 to clean the feces from the buttocks and the intergluteal cleft before or after completing R71's dressing change. LPN-C and ADON-D rolled R71 onto R71's back onto the pad on the bed that was covered in liquid feces and covered R71 with a sheet. LPN-C and ADON-D left R71's room. Surveyor asked LPN-C why R71 was not cleaned prior to doing the dressing change. LPN-C stated LPN-C and ADON-D have to see seven more residents to do wound care on. Surveyor shared with LPN-C the concern feces was potentially introduced into the wound when the Hydrofera blue was placed into the wound. LPN-C stated LPN-C did not see any feces on the Hydrofera blue during wound care. LPN-C stated if feces was on the dressing, LPN-C cannot leave the dressing in place and would do the dressing over again. LPN-C and ADON-D went back into R71's room, rolled R71 onto the left side, and LPN-C removed R71's dressing. LPN-C showed Surveyor the Hydrofera blue that had been removed from R71's wound. The Hydrofera blue had dark spots where it was in contact with the wound bed. LPN-C stated that was blood from the wound and did not see any feces on the dressing. Surveyor shared the concern fecal bacteria may be present and not visible to the naked eye. LPN-C and ADON-D cleaned the liquid feces from R71's skin, changed the pad under R71, and LPN-C repeated the wound treatment. While LPN-C was cleansing the wound bed, R71 had another liquid stool. LPN-C cleaned the stool from the skin and completed the dressing change. On 12/4/2024 at 8:58 AM, Surveyor shared with Nursing Home Administrator (NHA)-A the observation of R71's wound care being completed by LPN-C and ADON-D. Surveyor shared with NHA-A the concern R71 had been incontinent of liquid stool prior to the dressing change and neither LPN-C nor ADON-D completed incontinence care before doing the dressing change potentially introducing fecal matter into the wound. NHA-A stated LPN-C and ADON-D had more residents that had to have wound care completed. NHA-A stated LPN-C had talked to NHA-A after Surveyor observed R71's dressing change. NHA-A stated R71 had already stooled three times that morning and had just been cleaned up earlier so LPN-C and ADON-D did the wound care and was going to let the aide know R71 needed to be changed. NHA-A stated LPN-C took a picture of the removed dressing and showed NHA-A there was no stool on the dressing. Surveyor shared with NHA-A the concern that even though feces was not visible on the dressing, there was a high potential of contamination due to the close proximity of the stool to the wound.