

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525172	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER Jewish Home and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1414 N Prospect Ave Milwaukee, WI 53202	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>20483</p> <p>Based on interview and record review the facility did not ensure residents received treatment and care in accordance with professional standards of practice to administer medications as ordered for 1 (R1) of 1 residents.</p> <p>R1 received one tablet of Hydrocodone-Acetaminophen 5-325 mg (milligrams) prior to going to dialysis on 10/2/24. According to R1's physician orders, R1 should have received two tablets of Hydrocodone-Acetaminophen 5-325 mg.</p> <p>Findings include:</p> <p>R1's diagnoses includes COPD (chronic obstructive pulmonary disease), right & left above knee amputation, hypertension, congestive heart failure, diabetes mellitus, anxiety, depression and end stage renal disease. R1 receives hemodialysis three times a week on Monday, Wednesday, & Friday.</p> <p>R1's Pain CAA (Care Area Assessment) dated 4/2/24 under analysis of findings for nature of the problem/condition documents, At risk for complications related to pain. Under care plan considerations for describe impact of this problem/need on the resident and your rationale for care plan decision documents He requires assistance of staff for ADLS (activities daily living) and transfers. Has dx (diagnosis) of chronic resp (respiratory) failure, CHF (congestive heart failure), A fib (atrial fibrillation) COPD (chronic obstructive pulmonary disease), ASRD (acute respiratory distress syndrome)/dialysis, DM (diabetes mellitus) 2 PVD (peripheral vascular disease), GERD (gastroesophageal reflux disease), urinary retention, depression, HTN (hypertension) Recent hospitalization for bladder tumor s/p (status post) TURP (transurethral resection of the prostate). He is alert and oriented. Able to make his needs known. He had indwelling catheter and was incontinent of bowel during look back period. Requires assistance of staff for toileting needs. Had no recent falls. Has pressure area to coccyx. Follow up with wound MD (medical doctor). Takes antidepressant medication daily. Receives anticoagulation and diuretic therapy. ABT (antibiotic) therapy. Insulin/DM. O2 (oxygen) therapy. Reported having pain during look back period. Has scheduled and prn (as needed) analgesics ordered. Remains in LTC (long term care).</p> <p>R1's physician order with an order date of 6/17/24 documents HYDROcodone-Acetaminophen Oral Tablet 5-325 MG (milligram) (Hydrocodone-Acetaminophen) Give 1 tablet by mouth every 6 hours as needed for PAIN Management.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's physician order with an order date of 9/4/24 documents HYDROcodone-Acetaminophen Oral Tablet 5-325 MG (Hydrocodone-Acetaminophen). Give 1 tablet by mouth one time a day every Mon (Monday), Wed (Wednesday), Fri (Friday) for PAIN MANAGEMENT PRN (as needed) CAN BE GIVEN WITH SCHEDULED DOSE.</p> <p>The quarterly MDS (minimum data set) with an assessment reference date of 9/28/24 has a BIMS (brief interview mental status) score of 13 which indicates cognitively intact. R1 is assessed as having scheduled pain medication regimen and received prn pain medications. Pain frequency is almost constantly. Pain effect on sleep is occasionally and pain interference with day to day activities is assessed as occasionally. Pain intensity on a scale of 0 to 10 is 8.</p> <p>The nurses note dated 10/2/24, at 04:45 (4:45 a.m.), documents Resident leaving at this time for Dialysis Schedule pain med (medication) given, A/O (alert oriented). Resident requested two pain pills. 1 given per order. Writer heard Resident stated as going onto elevator, Well then I will just lie about it. This nurses note was written by LPN (Licensed Practical Nurse)-D.</p> <p>Review of R1's October MAR (medication administration record) reveals R1 received the scheduled Hydrocodone Acetaminophen 5-325 one tablet on 10/2/24 at the scheduled time of 0400 (4:00 a.m.) but did not receive the PRN dose with the scheduled dose.</p> <p>On 11/6/24, at 9:32 a.m., Surveyor spoke with R1's resident representative on the telephone. During this conversation, R1's resident representative informed Surveyor on the morning of 10/2/24 R1 did not get the second dose of his pain medication before going to dialysis.</p> <p>On 11/6/24, at 11:06 a.m., Surveyor asked LPN-C if R1 had concerns regarding pain. LPN-C informed Surveyor R1 complained of pain on his bottom explaining he had an open area that would come and go. LPN-C informed Surveyor he has an order for Hydrocodone which R1 can receive every six hour as as needed and most of the time R1 asks for the medication. LPN-C informed Surveyor on dialysis days R1 receives two Hydrocodone, one scheduled & one PRN prior to leaving for dialysis.</p> <p>On 11/6/24, at 12:15 p.m., Surveyor interviewed LPN-E on the telephone regarding R1. LPN-E informed Surveyor she was supervising the night of 10/2/24 and there weren't any falls reported to her regarding R1 but the nurse (LPN-D) did call her because R1 wanted an extra Hydrocodone. LPN-E informed Surveyor she reviewed R1's MAR and informed the nurse he can't have another Hydrocodone. Surveyor informed LPN-E there are two orders for Hydrocodone for R1 one is every six hours as needed and the other documents can receive one Hydrocodone with the PRN dose on dialysis days. LPN-E informed Surveyor she just saw the order for every six hours as needed.</p> <p>On 11/6/24, at 1:36 p.m., Surveyor asked RN (Registered Nurse) Manager-F why R1 wasn't administered 2 Hydrocodone-Acetaminophen prior to going to dialysis on 10/2/24 and only received the schedule dose. RN Manager-F informed Surveyor they misread the order. Surveyor asked RN Manager-F should R1 have received two Hydrocodone-Acetaminophen tablets. RN Manager-F replied yes.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/6/24, at 2:00 p.m., Surveyor met with DON (Director of Nursing)-B to discuss R1. Surveyor asked DON-B if she knew why on 10/2/24 R1 received only one Hydrocodone-Acetaminophen tablet instead of two. DON-B informed Surveyor she received a text message in the morning around 5ish because R1 was upset with the nurse as R1 was suppose to get two pain pills and only got one. DON-B informed Surveyor she believes she received the text from [first name of LPN-E]. Surveyor asked DON-B did R1 receive two Hydrocodone-Acetaminophen tablets prior to leaving for dialysis. DON-B informed Surveyor he received the one scheduled as the nurse thought R1 had to wait six hours.</p> <p>On 11/6/24, at 2:42 p.m., Surveyor spoke with LPN-D on the telephone regarding R1. During this conversation, LPN-D informed Surveyor she gave R1 his pain pill (Hydrocodone-Acetaminophen 5-325 mg). After R1 was transferred into the electric scooter around 4:45 a.m. R1 came to the nurses station wanting another pain pill. LPN-D informed Surveyor she told R1 he couldn't have another pain pill and R1 got angry. LPN-D informed Surveyor she called the supervisor (LPN-E) on the 5th floor, placed the call on speaker and asked her to look at R1's orders. LPN-D informed Surveyor, LPN-E said R1 can't have another one, referring to Hydrocodone-Acetaminophen 5-325 mg. Surveyor informed LPN-D, R1 should have received a second tablet of Hydrocodone-Acetaminophen 5-325 mg prior to dialysis as there are two orders for this pain medication on dialysis days.</p> <p>On 11/6/24, at 3:47 p.m., NHA (Nursing Home Administrator)-A and DON (Director of Nursing)-B were informed of the above. No additional information was provided to Surveyor.</p>		