

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/24/2026
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)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, record review, and interviews, the facility failed to ensure that the kitchen remained free from live roach activity on the floor in the area of the sink and rodent droppings on the floor of the dry storage area. This had the potential to affect a census 75 residents that consume meals prepared in the kitchen. Findings include: Review of the (name of company) Pest Control Report, dated 07/08/26, a semi-monthly, standard service, revealed that for the facility Main Kitchen, there was no documented evidence of roaches or mice observed. Documentation of debris was noted on the floor near the drain in the sink area with recommendations to clean and sanitize area Review of the Retail Food Establishment Inspection Report, dated 07/14/26, revealed an Order to Cease Operations was issued. Under the section titled, Observed Violations listed the following: 1) Evidence of live roaches in the kitchen at the time of inspection. 2) Rodent dropping found in the dry storage area. Corrective Action(s): Routinely inspect facilities for insects and rodents. Clean and maintain food establishment. Correct by July 21, 2026. Review of the Retail Food Establishment Inspection Report, dated 07/15/26, revealed the same information as the report of 07/14/26 with the addition of Corrected Hazards The following hazard(s) have been corrected since the last inspection. Corrective Action(s): Routinely inspect the facility for insects and rodents. Clean and maintain food establishment. Correct by July 21, 2026. Review of the Retail Food Establishment Inspection Report, dated 07/21/26, revealed again, the same information as the report on 07/14/26 with the addition Corrected Hazards The following hazard(s) have been corrected since the last inspection. Corrective Action(s): Routinely inspect the facility for insects and rodents. Clean and maintain food establishment. Correct by July 21, 2026. During an interview with the Director of Food Services (DFS) on 07/22/26 at 1:30 PM, he stated that the Department of Health (DOH) had been there on 07/14/26 at lunchtime and conducted a thorough inspection of the kitchen. According to the DFS, during the investigation, the DOH found one live roach in the kitchen and what they indicated as rodent droppings in the dry storage area. The DOH allowed them to serve the lunch meal that was already prepared but closed the kitchen for service until their return visit. On 07/15/26, the DOH returned at lunch the following day, 07/15/26, conducted another (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
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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	thorough inspection of the entire kitchen area and allowed them to re-open the kitchen for service. They returned again on 07/21/26, conducted another thorough inspection of the kitchen and determined the violation had been corrected. An observation of the kitchen area conducted on 07/22/26 at 2:15 PM accompanied by the Kitchen Manager of the facility (KJHM), the entire kitchen area was inspected for any evidence of insects or rodents. The meat and dairy side of the kitchen were inspected, dishes, stacked pots and pans, shelves for storage, under the kitchen appliances, under and around the sink areas, counter tops, walk in refrigerators and dry storage area. The dry storage area is a very large room with multiple racks/shelves for storage. No evidence of roaches or mouse droppings in the kitchen or storage area were identified. Review of the (name of company) Pest Control Report, dated 07/22/26, a semi-monthly, standard service, revealed that for the facility Main Kitchen, there was no documented evidence of roaches or mice observed. Documentation of debris was noted in the kitchen drain with recommendations to clean and sanitize area. During an interview with the (name of company) Pest Control Technician (PCT) on 07/23/26 at 10:00AM, revealed he services all of the facilities every two weeks. He stated that he recommended the facility Main Kitchen to fog the kitchen last February for a concern with roaches and he has not had the problem since then and a mouse was found in the trap in the kitchen of one of the neighboring kitchens. There was a hole in the wall in that kitchen which has been repaired and has taken care of the problem. He stated that when he comes to the facility, he notifies the Director of Environmental Services (DES) when he starts his service and gives him his report when leaves. During the interview with the DFS on 07/22/26 at 1:30 PM, he stated that when the DOH conducted the inspection on 07/14/26 and closed the kitchen, they conducted a deep clean of the kitchen and power washed the whole kitchen area. They routinely power wash the kitchen weekly and have a cleaning check list for closing the kitchen each evening with all areas that are cleaned nightly are checked off. I check all areas of the kitchen daily before I sign off that every item on the list has been cleaned. If any roach or rodent activity is observed in the kitchen area by any staff, he would notify the Director of Facilities Management (DFM) and he would schedule the Pest Control Technician to come back out for another service. There have been no reports of pest or rodent concerns identified in the kitchen area after the first notification from the DOH on 07/14/26. This citation is being issued as past-noncompliance due to no observations of pests at the time of survey & validation of action plan being implemented at the time of the survey.		

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, interviews, and facility policy review, the facility failed to implement policies and procedures for ensuring the reporting of a reasonable suspicion of a crime in accordance with section 1150B of the Act for three of five residents reviewed for abuse out of a sample of 15 residents. The facility failed to report a resident-to-resident abuse incident between R3 and R4 and a staff-to-resident verbal abuse incident between Certified Nursing Assistant (CNA) 9 and R9. This failure could leave vulnerable residents at risk for further abuse. Findings include: 1. Review of R3's Face Sheet, located under the Profile tab in the Electronic Medical Record (EMR) revealed R3 was admitted to the facility on [DATE]. Review of R3's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 04/25/26 and located under the MDS tab in the EMR revealed the facility assessed the resident to have a Brief Interview for Mental Status (BIMS) score of five out of 15, which indicated R3 had severe cognitive impairment. 2. Review of R4's Face Sheet, located under the Profile tab in the EMR revealed R4 was admitted to the facility on [DATE]. Review of R4's quarterly MDS with an ARD of 04/25/26 and located under the MDS tab in the EMR revealed the facility assessed the resident to have a BIMS score of zero out of 15, which indicated R4 had severe cognitive impairment. Review of a Facility Misconduct Incident Report dated 04/12/26 and provided on paper by the Director of Nursing (DON) indicated Resident to Resident Altercation. [R3] grabbed and scratched [R4]. Further review of the document revealed a section stated, Law Enforcement Involvement. Was law enforcement contacted or involved? It was marked No. Review of a Grievance Review Form dated 04/12/26 and provided on paper by the DON indicated, [R3] became agitated and grabbed and scratched [R4]. The document indicated all notifications were made however the Local Police Department was marked N/A (not applicable) for the date, time, and case number. During an interview on 07/20/26 at 3:30 PM, the Social Services Director (SSD) stated that she submitted the initial report when the incident occurred on 04/12/26. The SSD stated that she received a phone call from the former Administrator who told her there was a resident-to-resident altercation and she needed to report it at that time. The SSD stated, It was my first resident-to-resident altercation and it was up to the former Administrator to make the call on contacting the police. From looking at the investigation, it does not look like she notified the police. (continued on next page)		

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The SSD stated normally, the police were notified by the administrator of any abuse allegation. During a second interview on 07/22/26 at 8:30 AM, the SSD stated, As far as the police go, we do not have any documentation such as a police report, or phone call made to the police department. During an interview on 07/21/26 at 3:57 PM, when asked if there was any evidence of Law Enforcement being notified of the resident-to-resident altercation, the interim Director of Nursing (DON) stated, I don't have an answer for you. That was up to the previous Administrator and the previous DON. I'm not sure why they didn't notify the police. The DON stated, Normally yes if there is a resident-to-resident altercation or any type of abuse, that definitely gets called to the police. 3. Review of the R9's Face Sheet provided by the facility revealed R9 was admitted to the facility on [DATE] with diagnosis to include a history of Cerebral Vascular Accident (CVA), Depression, Insomnia and Obsessive-Compulsive Disorder. During an interview with R9 on 07/20/26 at 1:55PM, he stated that he has been a resident in the facility for at least six years. He continued to say that he likes living at the facility and the staff takes good care of him. The only concern he verbalized was regarding Certified Nursing Assistant (CNA) 9. He stated that she entered his room one night a couple of weeks ago when I was asleep, he had been given Milk of Magnesia and things happen. He stated that I thought she called me foolish because I did not push the call button, I am pretty sure, I think it was emotional/mental abuse. I told the DON. Review of the Facility Reported Incident, dated 07/12/26 revealed at 2:50 PM was initiated by the former Administrator of the facility. A brief summary of the incident revealed, Resident stated that CNA9, yelled at him for being incontinent of stool. Summation of Findings: The investigation was completed at this time. Through the investigation, the facility learned the following information: On 07/12/26, R9 reported to the nursing staff that CNA9 yelled at him for being incontinent of bowel. The former Administrator and the DON were immediately made aware, and an investigation began to determine what occurred. CNA9 was removed from the schedule pending the investigation. During an interview with the Social Services Director on 07/20/26 at 3:15 PM revealed that she interviewed the resident. The former Administrator spoke to the resident for the initial report. When she spoke to the resident, R9 told her that on Saturday, he had been constipated, the nurse had given him a laxative and he had a bowel movement while he was asleep. She stated that the resident told her that CNA9 came in his room at 3:50 AM and he said that she speaks loudly, she had a loud voice. She came in his room and he thought he had a bowel movement. When she came in, she asked him if he was full, he knew that meant his brief. CNA9 checked him and told him he was full and made a comment that he did not use his call bell. She continued to say, the resident stated that he did not use the call bell because he did not know he had a bowel movement. The CNA cleaned him up and he told her he was embarrassed by the situation. He did confirm that the CNA was loud but not angry. She interviewed CNA9 and reviewed her written statement. From what the resident told the DSW, she believed the CNA was talking loudly and the resident was embarrassed that he had a bowel movement in his sleep. (continued on next page)		

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with CNA 9 on 06/21/26 at 4:11PM, she stated that she checked the resident when she came in and he was dry. After my break, the nurse asked me if the resident had a bowel movement yet and she said she would check again. When she went in the room, he was asleep and she called his name he did not answer, so she called him again. When he still did not wake up and answer, she called his name louder and asked him if he was okay. She stated the resident woke up and she checked his brief and he had a large bowel movement. She changed him and told him to make sure the CNA's that put him to bed, put him in a better position in the bed. He then asked her to turn out his light when she left. She was notified she was removed from the schedule until the completed the investigation. She confirmed that she receives abuse training at least every three months from the facility. During an interview with DSW on 07/22/26 at 08:55AM, she stated that the prior Administrator was the only person that could submit a report to the police agency. She made the final decision when they would be contacted. She stated that she would not go above the Administrator to notify the police of an incident. ew of the facility's policy titled Freedom of Abuse, Neglect and Exploitation, dated 07/02/26 revealed It is the policy of [name of facility] that abuse allegations (abuse, neglect, exploitation or mistreatment, including injuries of unknown source) are reported per Federal and State Law. In addition, local law enforcement will be notified of any reasonable suspicion of a crime against a resident in the facility. The policy further indicated Initial reporting of allegations: If an incident or allegation is considered reportable, the Administrator or designee will make an initial (immediate or within 24 hours) report to the State Agency. When making a report, the following information should be reported: Law Enforcement Involvement.		

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, and interviews, and facility policy review, the facility failed to ensure a resident's dietary food allergies were followed for one of four residents (Resident (R) 8) reviewed for food allergies in a total sample of 15 residents. The facility served R8 food that was included in her medical record and on her diet card that she was allergic to. The facility's failure to follow their two step method of verification process to prevent a resident from receiving food items included on the allergy list could have resulted in a mild to severe food allergy for the resident. Findings include: Review of the facility's policy titled, Resident Meal Safety Verification: 2-Step (Dining Room) and 3-step (Room Tray), undated, revealed, To provide a standardized verification process that ensures every Resident receives the correct physician-ordered, texture consistency, allergy recommendations, and special instructions. Review of the Resident Face Sheet provided by the Director of Nursing revealed R8 was admitted to the facility on [DATE] with diagnosis that included Chronic Obstructive Pulmonary Disease, Vascular Dementia, Chronic Failure, Anxiety and Depression. Review of the quarterly Minimum Data Set (MDS) located in the EMR under the MDS tab with Assessment Reference Date of 05/14/26, revealed R8's Brief Interview of Mental Status (BIMS) revealed the resident was assessed with a score of eight out of 15 indicating a moderately impaired cognitive status. Multiple attempts were made to interview the resident during the survey were not successful due to tearful episodes and slight confusion during the conversation. A review of R8's Allergy List, located in the EMR under the Allergy tab revealed the resident's list of allergies included a food allergy to melon with a severity level listed as severe and a reaction manifestation of anaphylactic. A review of a Progress Note located in the EMR under the Progress Note tab revealed a Dietary Notes, dated 05/02/26, which revealed the resident was identified with an allergy to melon and an intolerance to lactose. A Progress Note, dated 07/04/26, revealed a Situation Background, Assessment and Recommendation (SBAR) summary note entry which indicated the resident was served watermelon with her lunch today. Watermelon was removed immediately upon recognition, the resident exhibited no signs or symptoms of allergic reaction during or after the meal. The resident's POA [Power and Attorney] was notified and stated the resident can eat watermelon. The resident remained stable, no adverse effects were observed. No complaint of itching or reactions. Benadryl given with effective results. Review of a Late Entry Progress Note, dated 07/04/26, indicated, Resident served watermelon with her lunch today. Watermelon was removed immediately upon recognition. Resident exhibited no signs or symptoms of allergic reaction during or after the meal. The resident's POA was notified and stated that the resident can eat watermelon. Resident remained stable and no adverse effects were observed. She is allergic to cantaloupe and honeydew melon. (continued on next page)		

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with Licensed Practical Nurse (LPN)1 on 07/24/26 at 8:15 AM, she stated, The resident was served the watermelon for lunch, Dietary Aide (DA) 6 notified the Dietary Supervisor. I was in a resident's room providing care when it happened, this was over the weekend. My Supervisor notified me also when it happened. The Director of Nursing (DON) told the supervisor to have me give the resident Benadryl. Everyone has a standing order for Benadryl. I also contacted the resident's daughter, the POA and told her what happened. The daughter told me she could eat watermelon, it was not a problem. The resident was not having a reaction. We added her to the 24 hour board, that means to monitor her. We monitored her for three days. I charted a late day progress note in her medical record for the incident. I kept the resident close by me in the television room afterwards. I also conducted a skin assessment. She was fine, no itching or rash. An interview with the Dietary Aide (DA)1 on 07/23/26 at 9:00 AM, she stated, I was the cook on the tray line during the lunch meal on 07/04/26 when the resident received the watermelon. I have received training on the two-step verification method in April. I was serving residents the lunch meal and had already verified the dessert for the pureed diets and put them on a cart. I asked DA6 to pass them out to the residents that receive pureed diets. The next thing I knew she brought me the bowl of watermelon and said that it was given to R8. I asked why because she was allergic to watermelon. I told her to only give out the pureed dessert to the four residents that were identified. I wrote my statement and have been on medical leave since the incident. During an interview with DA6 on 07/24/26 at 10:52 AM, she stated, I was one of the dietary aides that was working the lunch meal on 07/04/26. R8 was late coming to the dining room and was late getting her food. R8 and her roommate sit together at lunch. The ticket was with DA1 at the lunch service. I completely forgot and gave her melon. Her plate was not there at the time. She ate maybe three or four pieces. She was the last person to order her food. I immediately realized what I had done and removed it from the table. I told the nurse manager and food manager. I have worked here 10 years and I love my residents. I received training on the two-step verification. I received another in-service the same day. When I returned on Monday, they told me that I was terminated. During an interview with the resident's daughter on 07/24/26 at 7:45 AM, she stated she was notified by the nurse that her mother had received watermelon at lunch and was told at first it was just a bite, but when the Director of Nursing (DON) called me, she said it was more. In the past, she always had an EpiPen to use if needed. When she eats some melon, it is a hit or miss. Cantaloupe gives her a stronger reaction with facial and throat swelling. She stated that if she ate watermelon, it could have a little reaction like a rash, or it could be more. She had cantaloupe three and a half years ago and her throat and eyes started swelling. She also stated that she usually kept it away from her at home. The head nurse called her later and was asking me about her allergies. She stated her mother will have a conversation when she comes to see her but sometimes she is a little confused. During an interview with the Director of Food Service (DFS) and the Assistant to the Director of Dietary (ADD) on 07/23/26 at 3:26 PM, the DFS stated that he was on vacation when the incident occurred with R8. He also stated that in March of this year, he initiated the two to three step verification process. All diet cares for residents with food allergies are printed on pink paper. All resident diets are added in EMR which is connected to the dietary computer system. If a resident has a food allergy, their system automatically prevents any food items a resident is allergic to be included (continued on next page)		

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	in the dietary options printed on the meal ticket. They audit the dining rooms on each floor to make sure the verification process is being followed each meal. There is a form that each auditor completes after every meal that each tray/diet card was verified by the cook and dietary aide before it is served to the resident. Both parties have to confirm the diet card and the food on the tray is correct. If the resident is eating in their rooms, a third step is added after the cook and dietary aide to include the Certified Nursing Assistant (CNA) that takes the tray from the kitchen and serves it to the resident. After the first verification is complete, the dietary aide repeats the step to the CNA who confirms it is correct and takes it to the resident's room. The DFS also stated that they monitor the system every day. The ADD stated that when R8 received the watermelon on 07/04/26, she was not working that day but she came in when she was made aware of the incident. She obtained a statement from D1 on the floor and DA6. She was told the DA6 was being rushed by the CNA's. DA6 realized what she had done after giving R8 the watermelon. The Dietary Supervisors that are on the floors conducting the audits were going from floor to floor at the time and making observations. In June, we changed back to having one supervisor per floor to be present to audit the meals. We submitted the statements to the Administrator and conducted another in-service to our staff the same day. The DFS initiated pink placemats to be used for residents with food allergies. Multiple attempts to interview R8 during the survey were not successful, due to periods of tearfulness and some noted confusion. Review of the facility's Meal Verification Audit forms were reviewed from 07/04/26 through 07/24/26 revealed that dietary staff are auditing the two step-three step verification system for residents randomly selected with documented food allergies every day.		