

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525318	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/22/2024
NAME OF PROVIDER OR SUPPLIER  Sheridan Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8400 Sheridan Rd Kenosha, WI 53143	

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 28154</p> <p>Based on record review, interview, and policy review, the facility failed to ensure two of two residents and their resident representatives (Resident (R)1 and R14) reviewed for facility initiated emergent hospital transfer, from a total sample of 32 residents, were provided with written transfer/discharge notice that stated the reason for transfer, the place of transfer, and other information regarding the transfer. This failure had the potential to affect the resident and their Resident Representative (RR) by not having the knowledge of where and why a resident was transferred, and/or how to appeal the transfer, if desired.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Transfer and Discharge including AMA [Against Medical Advice]), dated 10/26/22 showed:</p> <p>Policy:</p> <p>It is the policy of this facility to permit each resident to remain in the facility, and not initiate transfer or discharge for the resident from the facility, except in limited circumstances.</p> <p>Policy Explanation and Compliance Guidelines: .</p> <p>4. The facility's transfer/discharge notice will be provided to the resident and the resident's representative in a language and manner in which they can understand. The notice will include all of the following at the time it is provided:</p> <p>a. The specific reason and basis for transfer or discharge.</p> <p>b. The effective date of transfer or discharge.</p> <p>c. The specific location (such as the name of the new provider or description and/or address if the location is a residence) to which the resident is to be transferred or discharged .</p> <p>d. An explanation of the right to appeal the transfer or discharge to the State.</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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>e. The name, address (mailing and email) and telephone number of the State entity which receives such appeal hearing requests.</p> <p>f. Information on how to obtain an appeal form.</p> <p>g. Information on obtaining assistance in completing and submitting the appeal hearing request.</p> <p>h. The name, address (mailing and email), and phone number of the representative of the Office of the State Long-Term Care Ombudsman.</p> <p>1. Review of R1's Admission Record from the electronic medical record (EMR) Profile tab showed a facility admitted [DATE], readmissions on 05/24/22 and 12/21/23</p> <p>Review of R1's EMR Progress Notes tab showed emergent transfers to the hospital on 12/24/23, 01/07/24, and 02/12/24. Further review of the Progress Notes did not show evidence R1 and RR were provided with a written notice of transfer with the required information. Review of the EMR Miscellaneous tab did not show evidence the written notice of transfer had been provided for any of the trips to R1 or RR.</p> <p>2. Review of R14's Admission Record from the EMR Profile tab showed a facility admitted on 12/09/22 and readmitted [DATE]</p> <p>Review of R14's EMR Progress Notes from the EMR Progress Notes tab showed on 04/27/24, R14 was sent to the hospital after a fall. Further review of the EMR Progress Notes and Miscellaneous tab did not show evidence of the provision of a written notice of transfer to R14 or RR.</p> <p>In an interview on 06/22/24 at 3:56 PM, Licensed Practical Nurse (LPN) 2 described the process for an emergent transfer stating that she would contact the nurse practitioner with the reason and get order to transfer, call 911 and give them the vital signs. While I was out of the room the aide would be staying with the resident. Then complete the SBAR Change in Condition form, if a fall, do the fall packet and all assessments; print the face sheet, medication list, and a report of what happened. When asked who that packet went to, LPN2 stated it went to the emergency services, not to the resident, plus she gives them a verbal report. When asked if anything written was given to the Resident and/or RR, LPN2 stated, No.</p> <p>During an interview on 06/22/24 at 4:10 PM, the Director of Nursing (DON) stated she was not aware of the written notice of transfer.</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>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 28154</p> <p>Based on interviews, record review, and facility policy review, the facility failed to ensure physician orders were followed for three of five residents (Resident (R) 2, R30, R32) reviewed for weights, out of a sample of 32 residents. This failure could create a scenario where significant weight loss or gain is not recognized as no baseline weight was established.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Weight Monitoring, dated 05/2024, showed:</p> <p>Policy:</p> <p>Based on the resident's comprehensive assessment, the facility will ensure that all residents maintain acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise.</p> <p>Compliance Guidelines:</p> <p>Weight can be a useful indicator of nutritional status. Significant unintended changes in weight (loss or gain) or insidious weight loss (gradual unintended loss over a period of time) may indicate a nutritional problem.</p> <p>5. A weight monitoring schedule will be developed upon admission for all residents: .</p> <p>b. Newly admitted residents - monitor weight weekly for 4 weeks .</p> <p>1. Review of R2's Admission Record from the electronic medical record (EMR) Profile tab showed an admitted [DATE] with diagnoses that included hemiplegia and hemiparesis following cerebral infarct, nontraumatic subarachnoid hemorrhage, congestive heart failure (CHF), hydrocephalus, obesity, hypertension, dilated cardiomyopathy.</p> <p>Review of R2's Physician Orders from the EMR Orders tab showed an order for weekly weights for four weeks, starting 02/23/24 and ending 03/22/24.</p> <p>Review of R2's weights from the EMR Vitals tab showed weights were taken on 02/08/24 and 03/19/24.</p> <p>2. Review of R30's Admission Record from the EMR Profile tab showed an original facility admitted [DATE], with a readmitted [DATE], with diagnoses that included pleural effusion, morbid obesity, asthma, type II diabetes, end stage renal disease, atrial fibrillation, atrioventricular block, and hypertension.</p> <p>Review of R30's Physician Orders from the EMR Orders tab showed an order for weekly weights for four weeks, starting 5/13/24 and ending on 06/03/24.</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>Review of R30's weights from the EMR Vitals tab showed weights were taken on 05/01/24, 05/03/24, 05/31/24, and 06/03/24.</p> <p>3. Review of R32's Admission Record from the EMR Profile tab showed an original facility admitted [DATE], with a readmission on 02/15/24, and diagnoses that included heart failure, morbid obesity, chronic obstructive pulmonary disease (COPD), acute kidney failure, atrial fibrillation, cancer, and hypertension.</p> <p>Review of R32's Physician Orders from the EMR Orders tab showed an order for weekly weights for four weeks, starting 04/15/24 and ending 06/18/24.</p> <p>Review of R32's weights from the EMR Vitals tab showed one weight taken on 04/02/24.</p> <p>During an interview on 06/22/24 at 3:50 PM, Licensed Practical Nurse (LPN) 1 stated she was to comply with physician orders, and if it is not clear, you double check with the physician.</p> <p>In an interview on 06/22/24 at 4:10 PM, the Director of Nursing (DON) stated she expected that the weights would be taken as ordered.</p>

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>28154</p> <p>Based on interviews and facility job description review, the facility failed to ensure a qualified full-time staff with the required certification and skill sets was employed to serve as Food Service Manger (FSM) for 52 of 53 census residents.</p> <p>Findings include:</p> <p>Review of the facility's undated job description titled Food Service Manager revealed:</p> <p>Overview:</p> <p>The primary purpose of your job position is to assist the Dietitian in planning, organizing, developing and directing the overall operation of the Food Services Department in accordance with current federal, state, and local standards, guidelines and regulations governing our facility, and as may be directed by the Administrator, to assure that quality nutritional services are provided on a daily basis and that the Food Services Department is maintained in a clean, safe, and sanitary manner.</p> <p>Qualifications:</p> <p>Graduate of an accredited course in dietetic training approved by the American Dietetic Association</p> <p>Minimum of two (2) years' experience in a supervisory capacity in a hospital, nursing care facility, or other related medical facility preferred</p> <p>Must have training in cost control, food management, diet therapy, etc.</p> <p>During an interview on 06/22/24 at 8:50 AM the FSM stated she started the position in October 2023. The FSM stated I'm in the process of getting it [my certificate]. I haven't started the course yet.</p> <p>During an interview on 06/22/24 at 10:00 AM the Administrator provided the FSM's resume which did not include food management positions or experience. The Administrator stated he was not aware the Food Service Manager lacked training, and that she should have had it before hired in the position.</p>		