

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 08/22/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47094</p> <p>Based on observation, interview, and record review, the facility did not ensure that a plan of care was developed based on the findings of the comprehensive assessment for 1 (R11) of 1 resident reviewed for hearing loss.</p> <p>The facility did not develop a plan of care that addresses R11's hearing loss or interventions of wearing or the refusal of wearing hearing aids.</p> <p>Findings include:</p> <p>The facility policy entitled Care Plan Revisions Upon Status Change no date indicated documents: The purpose of this procedure is to provide a consistent process for reviewing and revising the care plan .</p> <p>Policy Explanation and Compliance Guidelines:</p> <ol style="list-style-type: none"> 1. The comprehensive care plan will be reviewed, and revised as necessary . 2. Procedure for reviewing and revising the care plan: . <ol style="list-style-type: none"> b. The minimum data set (MDS) Coordinator and the Interdisciplinary team will discuss the resident condition and collaborate on intervention options. d. The care plan will be updated with the new or modified interventions. e. Staff involved in the care of the resident will report resident response to new or modified interventions. f. Care plans will be modified as needed by the MDS Coordinator or other designated staff member. g. The unit manager or other designated staff member will communicate care plan interventions to all staff involved in the resident's care. <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
---	-------	-----------

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 08/22/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R11 was admitted the facility on 5/16/2024 and has diagnoses that include urinary tract infection, moderate protein-calorie malnutrition, disease of the pericardium, and anemia. R11's quarterly MDS dated [DATE] indicated R11 had intact cognition with a Brief Interview of Mental Status (BIMS) score of 15 and the facility assessed minimal assistance with 1 staff member for upper body dressing, and moderate assist with 1 staff member for lower body dressing. R11 has impairment to R11's upper and lower extremities. R11 was marked as having both right and left hearing aids with adequate hearing and no difficulty with normal conversations.</p> <p>On 8/20/2024, at 9:44 AM Surveyor observed R11 in R11's room and was painting a picture. Surveyor had to get close to R11's ear and speak in a low tone and slowly in order for R11 to hear what Surveyor was saying. Surveyor asked R11 if R11 had hearing aids. R11 replied that R11's hearing aids were in R11's top drawer but did not wear them because R11 did not like them, and they never worked. R11 was able to understand and converse with Surveyor, however Surveyor had to be right by R11's face or right ear in order for R11 to hear Surveyor.</p> <p>Surveyor reviewed R11's care plan and noted that R11 did not have a care plan for R11's hearing loss or interventions for how staff communicated to R11 successfully without R11's hearing aids. Surveyor reviewed R11's certified nursing assistant (CNA) Kardex and noted there were no interventions included regarding direction for staff on how to successfully communicate with R11 with R11's difficulty in hearing.</p> <p>Surveyor observed facility staff conversing with R11 by getting right in front of R11's face to speak with R11.</p> <p>On 8/22/2024, at 9:41 AM Surveyor interviewed CNA-H who stated CNA-H does not work much with R11 but has to talk to R11 really close to R11's face. CNA-H was not sure if R11 had hearing aids or not.</p> <p>On 8/22/2024, at 9:52 AM Surveyor interviewed CNA-G who stated R11 has hearing aids but refuses to wear them. CNA-G stated R11 does well when staff get on R11's level and speaks clearly and directly at R11.</p> <p>On 8/22/2024, at 10:37 AM Surveyor interviewed assistant director of nursing (ADON)-E who stated R11 has hearing aids but chooses not to wear them. Surveyor shared concern that there is no care plan or interventions for R11 and staff to help facility communication between R11 and other persons. ADON-E acknowledged concern and stated would address R11's hearing aids.</p> <p>On 8/22/2024, at 11:40 AM Surveyor interviewed director of nursing (DON)-B who stated DON-B usually initiated the care plans and missed R11's hearing loss/ hearing aids. DON-B stated a care plan will be initiated right away as well as interventions added to the Kardex to assist staff and R11 with communication and interventions with R11's hearing aids. No further information was provided at this time.</p>		

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 08/22/2024
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47094</p> <p>Based on interview and record review, the facility did not ensure 1 (R52) of 3 residents were free from unnecessary psychotropic medications ordered on an as needed (PRN) basis.</p> <p>On 8/1/2024 R52 was prescribed Ativan (anti-anxiety medication) 0.5 mg every eight hours PRN without an end date.</p> <p>Findings include:</p> <p>The facility policy entitled Unnecessary Drugs- Without adequate indication for Use no date indicated documents: It is the facility's policy that each resident's drug regimen is managed and monitored to promote or maintain the resident's highest practicable mental, physical, and psychosocial well-being free from unnecessary drugs.</p> <p>Policy Explanation and Compliance Guidelines: .</p> <p>2. The attending physician will assume leadership in medication management by developing, monitoring, and modifying the medication regimen in collaboration with residents and/or representatives, other professionals, and the interdisciplinary team. Each resident's drug regimen will be reviewed on an ongoing basis, taking into consideration the following elements: .</p> <p>b. Duration of use .</p> <p>R52 was admitted to the facility on [DATE] with diagnoses that include traumatic hemorrhage of cerebrum, chronic respiratory failure, chronic obstructive pulmonary disease, Schizophrenia, major depressive disorder, and anxiety.</p> <p>Surveyor reviewed R52's physician orders and noted on 8/1/2024 the physician prescribed:</p> <p>Ativan (Lorazepam) 0.5 mg- Give 1 tablet by mouth every eight hours as needed for anxiety. (Start date: 8/1/24)</p> <p>Surveyor noted there was not end date on R52's PRN Ativan medication.</p> <p>On 8/22/2024, at 8:35 AM, Surveyor shared concern with director of nursing (DON)-B that R52 did not have an end date to R52's PRN Ativan medication. DON-B stated it must have been missed and recalls R52 recently being prescribed that medication. DON-B stated DON-B will make sure an end date gets added to R52's PRN Ativan medication.</p> <p>On 8/22/2024 at the facility exit meeting Surveyor shared the concern with nursing home administrator (NHA)-A regarding R52's PRN Ativan medication not having an end date.</p>		

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 08/22/2024
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22692</p> <p>Based on observation, interview and record review the facility did not ensure that it maintained a medication error rate below 5 percent during observations of medication administration affecting 2 (R9 and R24) of 3 residents observed. Three medication errors were observed out of twenty-eight opportunities, for a total error rate of 10.71 %.</p> <p>* R9 was administered levothyroxine after breakfast and not on an empty stomach per medication guidelines and R9 was Administered Timolol Maleate eye drops after their manufacturers instructions of discarding them 4 weeks after opening.</p> <p>* R24 was administered 150 milligrams (MG) of Venlafaxine immediate release when she was ordered to have 150 MG of extended release Venlafaxine.</p> <p>Findings include:</p> <p>1.) R9 was admitted to the facility on [DATE] with diagnoses that included: Hypothyroidism and Glaucoma.</p> <p>On 8/21/24 at 9:22 AM, the Surveyor observed Licensed Practical Nurse (LPN) -C administer medication to R9. R9 was observed coming back to her room after eating breakfast. LPN-C poured levothyroxine 37.5 micrograms (MCG) from R9's medication card. LPN-C then took R9's Timolol Maleate 0.5% eye drops out of the cart and the date open was 6/22 (no year). LPN-C then administered R9's levothyroxine with other medications and gave R9 her Timolol Maleate 0.5% eye drops one drop in each eye.</p> <p>On 8/21/24, R9's current physicians orders were reviewed and documented: Levothyroxine 25 MCG 1 and 1/2 tablets (37.5 MCG) by mouth in the morning with a start date of 3/6/24. Timolol Maleate 0.5 MG instill 1 drop in both eyes in the morning.</p> <p>On 8/21/24, the website Drugs.com was reviewed for the medication levothyroxine and documented: Take levothyroxine on an empty stomach, at least 30-60 minutes before breakfast.</p> <p>On 8/21/24, the website for the manufacturers (Novartis) of Timolol Maleate was reviewed and documented: Timolol Maleate instructions for use, handling and disposal: Any contents remaining 4 weeks after opening should be discarded.</p> <p>On 8/22/24 at 10:00 AM, Nursing Home Administrator (NHA)-A and Director of Nurses (DON)-B were made aware of the above findings. DON-B indicated that levothyroxine should be scheduled for the night shift to administer before breakfast.</p> <p>2.) R24 was admitted to the facility on [DATE] with diagnoses that included depression.</p> <p>(continued on next page)</p>		

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 08/22/2024
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/22/24 at 8:35 AM, the Surveyor observed Licensed Practical Nurse (LPN) -D administer medication to R24. LPN-C poured Venlafaxine 37.5 MG from R24's medication card LPN-D then indicated she did not have the additional 150 MG of Venlafaxine and would get it from the back up medication supply. LPN-D then came back to the medication cart and indicated she was instructed to give 4 more immediate release tablets from R24's medication card to equal an extra 150 MG of Venlafaxine. LPN-D then administered R24 a total of five 37.5 MG tablets of Venlafaxine to R24.</p> <p>Immediately after the observation, R24's current physicians orders were reviewed and documented:</p> <p>Venlafaxine 37.5 MG 1 tablet one time a day with a start date of 5/29/24. Venlafaxine extended release 24 hours 150 MG on time a day.</p> <p>LPN-D was interviewed immediately after the record review and indicated she was instructed to give the regular release tablets because they did not have any extended release tablets in the back up medication supply. LPN-D indicated she would call R24's doctor right away with the medication error.</p> <p>On 8/22/24 , the peak, half-life and side effects of Venlafaxine were reviewed on the website Drugs.com and documented: Immediate release peak plasma time is 2-3 hours and extended release peak time is 5.5-9 hours. Half- life for immediate release Venlafaxine plasma time is 5 hours and extended release Venlafaxine half-life is 10.7 hours. Side effects of Venlafaxine include: dizziness, nausea, vomiting, hypotension, tachycardia, and numb hands and feet.</p> <p>On 8/22/24 at 10:00 AM, Nursing Home Administrator (NHA)-A and Director of Nurses (DON)-B were made aware of the above findings. Additional information was requested if available as to why R24 was give immediate release Venlafaxine instead of extended release as ordered. None was provided.</p>		

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 08/22/2024
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22692</p> <p>Based on interviews and record reviews, the facility did not ensure 1 of 3 residents reviewed (R24) was free of significant medication errors.</p> <p>* R24 was administered 150 milligrams (MG) of Venlafaxine immediate release when she was ordered to have 150 MG of extended release Venlafaxine.</p> <p>Findings include:</p> <p>R24 was admitted to the facility on [DATE] with diagnoses that included depression.</p> <p>On 8/22/24 at 8:35 AM, the Surveyor observed Licensed Practical Nurse (LPN) -D administer medication to R24. LPN-C poured Venlafaxine 37.5 MG from R24's medication card. LPN-D then indicated she did not have the additional 150 MG of Venlafaxine and would get it from the back up medication supply. LPN-D then came back to the medication cart and indicated she was instructed to give 4 more immediate release tablets from R24's medication card to equal an extra 150 MG of Venlafaxine. LPN-D then administered R24 a total of five 37.5 MG tablets of Venlafaxine to R24.</p> <p>Immediately after the observation, R24's current physicians orders were reviewed and documented:</p> <p>Venlafaxine 37.5 MG 1 tablet one time a day with a start date of 5/29/24. Venlafaxine extended release 24 hours 150 MG one time a day.</p> <p>LPN-D was interviewed immediately after the record review and indicated she was instructed to give the regular release tablets because they did not have any extended release tablets in the back up medication supply. LPN-D indicated she would call R24's doctor right away with the medication error.</p> <p>On 8/22/24, the peak, half-life and side effects of Venlafaxine were reviewed on the website Drugs.com and documented: Immediate release peak plasma time is 2-3 hours and extended release peak time is 5.5-9 hours. Half- life for immediate release Venlafaxine plasma time is 5 hours and extended release Venlafaxine half-life is 10.7 hours. Side effects of Venlafaxine include: dizziness, nausea, vomiting, hypotension, tachycardia, and numb hands and feet.</p> <p>On 8/22/24 at 10:00 AM, Nursing Home Administrator (NHA)-A and Director of Nurses (DON)-B were made aware of the above findings. Additional information was requested if available as to why R24 was give immediate release Venlafaxine instead of extended release as ordered. None was provided.</p>