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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525319 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/24/2024 |
| NAME OF PROVIDER OR SUPPLIER Edenbrook Lakeside | | STREET ADDRESS, CITY, STATE, ZIP CODE 2115 E Woodstock Pl 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) |
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| <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 2 (R82 and R31) of 18 residents reviewed had an individualized comprehensive plan of care.</p> <p>* R82 did not have a comprehensive care plan for R82's foley catheter that was inserted on 9/23/2024.</p> <p>* R31 was assessed to be incontinent of bowel and bladder and did not have a care plan in place with relevant interventions.</p> <p>Findings include:</p> <p>The facility policy entitled Care Plan- Baseline and Comprehensive revised on 6/20/2023 documents, Purpose: To ensure that each resident receives care individualized to him or herself and that goals and approaches for care are communicated to all parties including caregivers, the resident, and the resident's representative.</p> <p>Policy: The Interdisciplinary Team (IDT) will develop an individualized, comprehensive care plan for each resident based on their medical condition, medical history, assessments from different members of the IDT, lifestyle, and current resident goals.</p> <p>Procedure:</p> <p>1. The care plan is based on the resident's comprehensive assessment and is developed by the IDT.</p> <p>7. Throughout the course of rehabilitation and the resident's stay in the facility, the identified risk factors, goals, interventions, and outcomes on the care plans will be evaluated at least quarterly and revised as necessary.</p> <p>10. Areas of concern that are identified during the resident assessment will be evaluated before interventions are added to the care plan.</p> <p>11. Identifying problem areas and their causes and developing interventions that are targeted and meaningful to the resident, are the endpoint of an IDT process.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>1.) R82 was admitted to the facility on [DATE] with a diagnoses that includes fracture of the right tibia, Guillain-Barre syndrome, type 1 diabetes with chronic kidney disease stage 3 and polyneuropathy, benign prostatic hyperplasia without lower urinary tract symptoms, and depression.</p> <p>R82's admission minimum data set (MDS) documents that R82 had intact cognition with a brief interview for mental status (BIMS) score of 15. The MDS documents that R82 is dependent on 1 staff member for toileting and required supervision with personal hygiene. R82 was continent of urine, frequently incontinent of bowel, and was non-weight bearing on R82's right leg and required an assist of one with transferring.</p> <p>On 9/22/2024 at 14:10 (2:10 PM), R82's progress note documents that R82 was having trouble with urinating. Nursing received a physician order to obtain a urinalysis, complete a bladder scan Q (every) 6 (six) hours and if bladder scan is 600 ml v (milliliter) or greater, to complete a straight cath for R82.</p> <p>On 9/23/2024 at 8:53 AM, R82's progress notes document that R82's urine output throughout the night and documented R82's current bladder scan revealed 740 ml and R82 refused foley catheter placement at that time. The physician was notified, an ultrasound was ordered with monitoring and updates.</p> <p>On 9/23/2024 at 14:05 (2:05 PM), R82's progress notes document that R82 had insertion of a 16f (French) foley catheter inserted due to prolonged urinary retention.</p> <p>On 10/21/2024 at 9:37 AM, Surveyor observed R82 sitting up in R82's bed watching TV. R82 had a catheter hanging on the right side of the bed. Surveyor asked R82 how cares were going with the catheter. R82 replied everything was going fine and was working on getting rid of it with the nursing staff but has failed the removal of the catheter twice now and is waiting to go to an urology appointment for further evaluation.</p> <p>Surveyor reviewed R82's comprehensive care plan and noted that there was not a comprehensive care plan for R82's foley catheter that was inserted on 9/23/2024.</p> <p>On 10/23/2024 at 12:18 PM, Surveyor interviewed director of nursing (DON)-B who stated R82 should have a care plan for the foley catheter when it was inserted. DON-B stated care plans are finalized in the morning meetups every morning, whatever does not get resolved keeps getting brought over the next day until resolved or finished. DON-B stated R82's care plan should have been discussed and initiated at one of those meetings since R82 was not admitted with a catheter. Surveyor asked what the process is for care plans. DON-B stated anyone has the ability to initiate a care plan, however, prefers the IDT team to do it so there is a more consistent process, and everything is looked at together, so DON-B does not encourage that to happen. DON-B stated it was simply missed that R82 did not get a catheter care plan initiated.</p> <p>On 10/23/2024, at 3:00 PM, Surveyor shared concern with nursing home administrator (NHA)-A and DON-B that R82 did not have a comprehensive care plan initiated for R82's foley catheter when it was inserted on 9/23/2024.</p> <p>49011</p> <p>(continued on next page)</p> | | |

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| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>2.) R31 was admitted to the facility on [DATE] with diagnoses which include metabolic encephalopathy, abnormalities of gait and mobility, repeated falls, and muscle weakness.</p> <p>R31's Quarterly Minimum Data Set (MDS) with an assessment reference date of 8/18/2024 indocumented that R31 had a Brief Interview for Mental Status score of 08, indicating that R31 has moderately impaired cognition. R31's MDS showed that upper and lower extremities have no impairment. R31 uses a wheelchair for mobility and is frequently incontinent of bowel and bladder.</p> <p>On 10/23/24 at 08:31 AM, Surveyor reviewed R31's electronic medical record (EMR) which had an intervention in the care plan that reads: TOILET USE: The resident is not toileted. Date Initiated: 11/10/2023. Surveyor noted that R31's care plan was not person-centered or comprehensive, R31 is coded on the MDS as frequently incontinent of bowel and bladder which indicates they are using the toilet some of the time.</p> <p>On 10/21/24 at 09:19 AM, during the sample selection for the survey, Surveyor interviewed R31 about use of toilet. R31 responded that they help me when I need it.</p> <p>On 10/23/24, at 01:20 PM, Surveyor interviewed Director of Nursing (DON)-B and stated that a care plan for bowel and bladder was not seen. DON-B looked up R31 in the EMR and stated the care plan was resolved because R31 is continent. Surveyor stated that according to the MDS R31 is frequently incontinent. DON-B then stated that they are not sure why it was resolved but will fix. Surveyor told DON-B this is a concern.</p> <p>On 10/23/24, at 03:04 PM, during the end of day meeting, Surveyor let the Nursing Home Administrator-A and the DON-B know of the concern related to no incontinence care plan being in place. DON-B stated that the issue was corrected.</p> <p>No additional information was provided.</p> | | |

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| <p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>20025</p> <p>Based on observation, interview and record review the facility did not ensure 1 (R55) of 1 residents receiving medications through G (Gastronomy Tube) tube received the care necessary to meet professional standards.</p> <p>* On 10/24/24, Surveyor observed LPN (Licensed Practical Nurse)-C administer medications to R55 via G tube. LPN-C did not check G tube placement prior to instilling medication.</p> <p>Findings include:</p> <p>The facility's Tube Feeding: Administering Medications Policy and Procedure with revision date of 9/8/23 documents:</p> <p>9. Verify placement of feeding tube: Verifying Placement of Feeding Tube Policy</p> <p>The facility's Verifying Placement of Feeding Tubes Policy and Procedure with revision date of 9/8/23 indicate .</p> <p>1. Gastronomy Tube will be marked with a permanent marker at the exit site of tube.</p> <p>2. Upon admission or with placement of new tube, the length is measured from exit site to end of tube and documented in clinical record.</p> <p>3. Tube length will be visually inspected by checking initial mark on tube prior to accessing tube.</p> <p>4. If external tube length has changed or mark on tube is not located at insertion site, contact the provider prior to initiating feeding.</p> <p>5. Gastric aspirate will be visually inspected prior to initiation of feeding. Aspirate will observed for changes in volume and appearance. Gastric aspirates are usually described as grassy green or colorless and often without sediment.</p> <p>1.) R55 physician order dated 3/17/23 documents: Enteral feed order every shift for protocol check tube placement before initiation of formula, medication administration, and flushing or at least q (every) 8 hours.</p> <p>On 10/24/24 at 7:59 a.m., Surveyor observed LPN-C prepare and administer R55's medications via G tube.</p> <p>R55 had 15 medications that were prepared. LPN-C crushed all the medications and placed it in a cup with water. LPN-C then went to R55 bedside and took the G tube from under the blanket and proceed to instill the medications without checking placement.</p> <p>(continued on next page)</p> | | |

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| <p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 10/24/24 at 10:30 a.m. Surveyor interviewed DON-B. Surveyor explained the concern LPN-C did not check G tube placement prior to administering R55 medication via G tube. DON-B stated she understood the concern and that it is the facility's policy to check placement prior to administration of medications via G tube.</p> <p>No additional information was provided.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49011</p> <p>Based on interview and record review, the facility did not ensure residents received post fall assessments as indicated in the Facility policy in order to guarantee a resident received treatment and care in accordance with professional standards of practice for 1 (R56) of 5 residents reviewed for falls.</p> <p>R56 did not have post fall assessments completed per policy of once per shift for 3 days for falls that occurred on June 6/29/24 and 8/30/2024.</p> <p>Findings include:</p> <p>The Facility Policy and Procedure titled Post Fall Policy revised 10/13/23, documents (in part):</p> <p>Monitoring and Re-evaluation</p> <ul style="list-style-type: none"> -Document on resident's condition at a minimum of every shift for 72 hours. -Staff should document relevant post-fall clinical findings, such as vital signs, pain, swelling, bruising and changes in function or cognitive status. -Staff will have increased awareness that the resident has recently fallen and report any changes in function, increased pain, and changes in cognition to the nurse for further evaluation. -Monitor for signs of head injury, including but not limited to reduced level of consciousness, lethargy, significant weakness in one or more of the extremities, and rapid deterioration in neurological function . <p>R56 was admitted to the facility on [DATE] with diagnoses which include, in part, nontraumatic intracerebral hemorrhage, hydrocephalus, encephalopathy, abnormalities of gait and mobility, cognitive communication deficit, and restless leg syndrome.</p> <p>R56's Quarterly Minimum Data Set (MDS) with an assessment reference date of 9/14/2024 documents a Brief Interview for Mental Status score of 00, indicating that R56 is cognitive severely impaired. The MDS documents that R56 has impairment to one side of R56's upper and lower extremities.</p> <p>Surveyor reviewed the Post Fall Assessment forms provided by Facility for R56.</p> <p>On 6/29/2024, at 10:36 pm, R56 had an unwitnessed fall. R56's condition should have been documented on at each shift as follows (times done are indicated):</p> <p>6/30/24 AM 1:18 pm</p> <p>6/30/24 PM</p> <p>6/30/24 NOC</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>7/1/24 AM 6:49 am</p> <p>7/1/24 PM</p> <p>7/1/24 NOC</p> <p>7/2/24 AM 1:14 pm</p> <p>7/2/24 PM 4:29 pm</p> <p>7/2/24 NOC</p> <p>Surveyor notes 5 shifts where assessments were not completed.</p> <p>On 8/30/2024, at 9:30 pm, R56 had an unwitnessed fall. Surveyor reviewed the Post Fall Assessment forms provided by the Facility. R56's condition should have been documented on each shift as follows (times done are indicated):</p> <p>8/30/24 NOC</p> <p>8/31/24 AM 6:54 am/10:27 am</p> <p>8/31/24 PM 8:07 pm</p> <p>8/31/24 NOC</p> <p>9/1/24 AM 10:19 am/1:02 pm</p> <p>9/1/24 PM</p> <p>9/1/24 NOC</p> <p>9/2/24 AM 7:13 pm</p> <p>9/2/24 PM</p> <p>Surveyor notes 5 shifts where assessments were not completed.</p> <p>On 10/23/24 at 01:16 PM, Surveyor interviewed Director of Nursing (DON)-B about the expectation for neurological checks and post fall follow up on residents. DON-B stated assessments should be done as scheduled which is per shift for 72 hours post fall, there should be 9 assessments per fall. Surveyor stated that there were assessments missing. DON-B replied that what DON-B gave to Surveyor is what they have. DON-B is not going to try and say anything else.</p> <p>On 10/23/24 at 03:04 PM, during the end of day meeting, Surveyor let the Nursing Home Administrator-A and the DON-B know of the concern related to June and August falls for R56 not having post fall assessments completed per shift for 3 days.</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>No additional information was provided.</p> | | |

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| <p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49011</p> <p>Based on interview and record review, the Facility did not ensure that residents who require dialysis receive such services, consistent with professional standards of practice, including the ongoing communication with the dialysis center before and after dialysis treatments for 1 (R43) of 2 residents reviewed for dialysis.</p> <p>R43 has a physician order for dialysis at Fresenius on Capitol on Tuesday, Thursday and Saturday. Communication between the Facility and the dialysis center was not being shared with each visit.</p> <p>Findings include:</p> <p>The Facility Policy and Procedure titled Care of Hemodialysis Resident last revised on 6/28/2021 documents (in part):</p> <p>Procedure .</p> <p>-Facility will have ongoing communication and collaboration with the dialysis facility .</p> <p>Post Dialysis</p> <p>-Review communication documents for any pertinent information .</p> <p>1.) R43 was admitted to the facility on [DATE] with a diagnoses that includes sepsis, alcoholic cirrhosis of liver, end stage renal disease and dependence on renal dialysis.</p> <p>R43's quarterly Medicare Minimum Data Set (MDS) with an assessment reference date of 8/10/24 indicated R43 had a Brief Interview for Mental Status score of 15, documenting R43 is cognitively intact. The MDS noted that R43 receives dialysis.</p> <p>R43 was marked on the Facility's roster matrix as receiving dialysis. Surveyor reviewed R43's electronic medical record and found the last communication between the Facility and dialysis center scanned into the record was dated 9/24/2024.</p> <p>Surveyor then went to the unit where R43 resides and asked at the nursing station for the communication binder between the Facility and the dialysis center and it was not there.</p> <p>On 10/23/24 at 09:58 AM, Surveyor interviewed Assistant Director of Nursing (ADON)-D about where to find the communication with dialysis. ADON-D stated that Fresenius, the dialysis center, might have the binder. ADON-D will call over there to have the missing communication forms faxed. It was stated that the problem is that R43 takes the binder but it doesn't get sent back by the dialysis staff.</p> <p>On 10/23/24 at 11:50 AM, ADON-D told Surveyor that the dialysis facility is faxing the last few sessions information and ADON-D will provide it when received. Surveyor notes R43 had 12 scheduled dialysis appointments since the last communication form was received.</p> <p>(continued on next page)</p> | | |

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| <p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 10/23/24 at 01:13 PM, Surveyor interviewed Director of Nursing (DON)-B and was told that every time the binder goes to dialysis with R43 the dialysis center doesn't send it back. Per DON-B they have to call and get the information faxed. Per DON-B, ADON-D called and is getting the last few sessions assessments sent. Surveyor stated that the information was requested from ADON-D today by Surveyor. DON-B states they try to keep as close to current as possible, but R43's center is not good at sending information back. Per DON-B this location has a struggle with sending back the binder, it is not a problem with Fresenius as a whole.</p> <p>On 10/23/24 at 01:51 PM, ADON-D showed Surveyor that yesterday's dialysis communication was faxed back, ADON-D was still working on getting the rest of the missing forms from each dialysis date.</p> <p>Surveyor notes that the Center for Medicare/Medicaid Services has a memorandum Ref: QSO-18-24-ESRD, REVISED 3/22/2023 that states timely communication and collaboration between the dialysis facility and nursing home care team is needed to ensure protections are in place to secure effective and safe treatments. This includes ongoing collaboration of care between the dialysis facility and nursing home.</p> <p>On 10/23/24, at 03:04 PM, during the end of day meeting, Surveyor informed DON-B and Nursing Home Administrator-A of the concern that dialysis communication was not being shared back and forth with the Facility.</p> <p>No additional information was provided.</p> | | |

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| <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>20025</p> <p>Based on observation, interview, and record review the facility did not ensure its medication error rates are not 5 percent or greater. The facility medication error rate was 41.67%.</p> <p>On 10/24/24, R55 was administered medications via G (gastronomy) tube. LPN-C did not flush the G tube with water before or/and after instilling medications. R55 received 15 medications via G tube. Due to LPN-C not flushing with water after instilling medications, all 15 medications are medication errors which resulted in medication error rate of 41.67%.</p> <p>Findings include:</p> <p>The facility's Tube Feeding: Administering Medications Policy and Procedure with revision date of 9/8/23.</p> <p>10. Insert syringe (without plunger) and flush tube with 30 ml (milliliters) water or as ordered; do not use cold water which may induce abdominal cramping.</p> <p>R55 physician order dated 11/27/23 documents May combine medications to give all at once during G tube administration with flushes as ordered.</p> <p>On 10/24/24 at 7:59 a.m., Surveyor observed LPN (Licensed Practical Nurse)-C prepare and administer R55 medications via G tube.</p> <p>R55 had 15 medications that were prepared. LPN-C crushed all the medications and placed it in a cup with water. LPN-C then went to R55 bedside and took the G tube and proceed to instill the medications without flushing the tube with water. After medications were administered through the G tube, LPN-C did not flush the tube with water to ensure the medications entered R55 stomach instead of staying in the tube.</p> <p>On 10/24/24 at 10:30 a.m. Surveyor interviewed DON-B. Surveyor explained the concern LPN-C did not flush R55 G tube with water before and after administering medications. DON-B stated she understood the concern and that it is the facility's policy to flush the G tube with water before and after medication administration.</p> <p>No additional information was provided.</p> | | |