

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/24/2024
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	

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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36192</p> <p>Based on observation, interview, and record review, the facility did not ensure a Resident (R) who is fed by enteral means receives the appropriate treatment and services for 1 of 1 Residents (R) with a tube feeding (R7).</p> <p>R7 had two different enteral feeding orders that were being signed out as administered and R7's enteral feeding bottle was observed to be without a name, date, and time it was hung for use.</p> <p>This is evidenced by:</p> <p>Facility policy entitled Enteral tube Feeding via continuous pump, revised March 2015, states in part: . General guidelines: .3. Check the enteral nutrition label against the order before administration. Check the following information: a. Resident name, ID, and room number. b. Type of Formula. C. Date and time formula was prepared .g. Rate of administration (ml/hour).Initiate feeding .5. on the formula label document initials, date, and time the formula was hung/administered and initial that the label was checked against the order .</p> <p>R7 was admitted on [DATE] with diagnoses that include Dysphagia, aphasia, and intellectual disability. R7 is not interviewable.</p> <p>R7's Medication Administration Record (MAR) for May of 2024 indicated the following:</p> <p>Enteral feed order at bedtime start: 2000 (8 PM) stop at 0800 (8 AM) daily. Jevity 1.5 or Osmolite 1.5 per TF (tube feeding) via pump. Rate 85 ml/hr. (milliliters/hour) for 12/hours/day (hours per day) to provide 1020 ml order date 3/8/24. this order is only able to be signed out at 2000 (8PM) daily. This order is signed out 5/1 - 5/23/24. (Of note: there is no 0800-stop time on the MAR to be signed off for this order)</p> <p>Jevity 1.5 cal/fiber oral liquid (nutritional supplement) give 90 ml/hr. via G-Tube (Gastric Tube) at bedtime related to aphasia. Kangaroo pump to be used and remove per schedule. start date 10/28/23. The MAR for this order has Remove 0800 (8 AM) which is signed out 5/1 - 5/24 and Apply 2000 (8 PM), which is signed out 5/1 - 5/23/24.</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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(Please note both orders are for tube feeding administration, but they are for different rates per hour and both orders are being signed out as administered. R7 would receive 1080 ml total over 12 hours receiving 90 ml/hr. and 1020 ml total if receiving 85 ml/hour for 12 hours.)</p> <p>On 5/24/24 at 9:55 AM, Surveyor observed R7 in her room. Surveyor observed R7's tube feeding bottle of Jevity 1.5 to not have R7's name, a date or time that the bottle was opened/hung up for use. R7's pump was set to 90 ml/hr. (milliliters per hour) and was currently running.</p> <p>On 5/24/24 at 10:55 AM, Surveyor interviewed RN E (Registered Nurse) regarding R7's tube feeding. Surveyor asked RN E to observe R7's tube feeding bottle with her. Surveyor asked RN E when R7's bottle of Jevity was hung, RN E replied last night. Surveyor asked RN E if she would know that based on the Jevity bottle hanging? RN E replied, no but it was hung last night. Surveyor asked if there should be a date and time written on the bottle of Jevity to know when it was hung, RN E replied yes.</p> <p>On 5/24/24 at 4:00 PM, Surveyor interviewed DON B (Director of Nursing) regarding R7's tube feeding observation and orders. DON B indicated that if there are two orders for tube feeding, she would expect the orders to be clarified and R7 should only have one tube feeding order. DON B indicated that she would need to look into why R7 had two different orders. DON B looked through R7's electronic record with Surveyor and noted the Dietitian ordered the 90 ml/hour in March. DON B indicated that R7's bottle of Jevity should have a date and time the bottle was hung on the label.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 33166</p> <p>Based on interview and record review, the facility did not ensure Continuous Positive Airway Pressure (CPAP) orders were obtained or transcribed upon admission and consistent with professional standards of practice, the comprehensive person-centered care plan and the residents' goals and preferences for 2 (R5 and R8) of 4 residents reviewed for CPAP use.</p> <p>R5's hospital discharge orders dated 4/18/22 state OSA (obstructed sleep apnea) continue CPAP. R5 did not have an order for CPAP in her medical record until 5/24/24.</p> <p>Orders for R8's CPAP were not obtained or entered upon admission.</p> <p>This is evidenced by:</p> <p>Example 1</p> <p>R5 was admitted to the facility 4/18/22 with diagnoses of morbid obesity, Obstructed Sleep Apnea (OSA), and general weakness.</p> <p>R5's hospital discharge orders dated 4/18/22 state in part; OSA continue with CPAP.</p> <p>R5's care plan dated 4/18/22 Focus: resident has altered respiratory status/difficulty breathing related to OSA. Interventions: BIPAP/CPAP to be in place at bedtime dated initiated 4/18/24.</p> <p>R5's May Physician Orders state in part; BIPAP/CPAP at bedtime related to OSA on at HS (hour of sleep). Order date: 5/24/24.</p> <p>R5's Medication Administration Record (MAR) for May 2024 states in part; BIPAP/CPAP at bedtime related to OSA on at HS (hour of sleep). Order date: 5/24/24.</p> <p>It should be noted that R5 had a discharge order for CPAP since 4/18/22; however, this order was not transcribed until 5/24/24.</p> <p>On 5/24/24 at 9:00 AM, Surveyor interviewed R5 regarding her CPAP usage. R5 stated she has had her CPAP for several years and uses it nightly. Surveyor asked R5 if she was able to use her CPAP when the facility was on emergency power. R5 stated she was able to use her CPAP.</p> <p>On 5/24/24 at 4:15 PM, Surveyor interviewed DON B (Director of Nursing) regarding R5's CPAP orders. DON B stated she would expect CPAP orders to be on the MAR from admission and signed off each shift.</p> <p>36192</p> <p>Example 2</p> <p>R8 was admitted on [DATE] with a diagnosis of obstructive sleep apnea.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R8's Care Plan dated 4/11/24 indicates: the resident has altered respiratory status/difficulty breathing r/t (related to) sleep apnea. interventions: resident uses bipap/cpap per orders. Date initiated: 4/19/2024 (of note: R8 does not have cpap/bipap orders prior to 5/24/24)</p> <p>R8's Physician orders indicate the following:</p> <p>Bipap/Cpap at bedtime related to Obstructive sleep apnea (adult) on at bedtime. Nurse to document # (number) minutes to set-up. order date 5/24/24</p> <p>Bipap/Cpap in the morning off in AM, cleanse mask with 0.25% acetic acid every am after removal. order date 5/24/24.</p> <p>(Of note: R8 was admitted for 43 days without an order for his Cpap machine)</p> <p>Oxygen at 2L/m (liters per minute) per nasal cannula as needed for dyspnea/shortness of breath or O2 (oxygen) sat less than 90%. start date 5/24/24.</p> <p>(Of note: this order was not put into R8's Medication/treatment administration record until 2 days later)</p> <p>On 5/22/24 at 11:26 AM, R8's nurses note indicates per MD (Medical Doctor) resident to be sent out due to not being able to meet respiratory needs. Power outage will continue until roughly midnight. CPAP unable to be used effectively due to generator not giving off enough power.</p> <p>On 5/22/24 at 8:40 PM, R8's nurses note indicates - Resident returned from ER (emergency room ) with orders to use supplemental oxygen until able to use CPAP when power is back on, Resident is currently on 2L supplemental oxygen and is resting comfortably in bed. (Of note this order was not transcribed until 5/24/24)</p> <p>On 5/24/24 at 3:15 PM, Surveyor interviewed DON B (Director of Nursing) regarding R8's CPAP. DON B indicated that if a resident brings in a CPAP to use, the Nurse on duty is to call the provider and get orders for the CPAP. DON B indicated she would expect orders upon admission. DON B indicated she was unable to find an order for R8 upon admit in April of 2024. DON B indicated that if there is a progress note indicating an oxygen order, she would expect an order to be put in for oxygen on that date.</p>		

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop, implement, and/or maintain an effective training program for all new and existing staff members.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 33166</p> <p>Based on interview and record review, the facility did not develop, implement, and maintain an effective emergency training program for all facility and contracted staff consistent with their expected roles and based on the facility assessment for 8 of 8 facility staff and 1 of 1 contracted staff.</p> <p>Eight facility staff and one contracted staff had not received training on electric power outages and emergency outlets.</p> <p>Staff stated they have not received emergency training regarding severe thunderstorm or tornado warnings.</p> <p>3 of 8 Residents stated the staff were rattled, scurrying, and struggled during the severe weather and power outage.</p> <p>This is evidenced by:</p> <p>The facility's policy, revised 1/2011, titled Disaster Training states in part; This facility has established training and education programs that provide specific guidance and instruction on the proper handling of a crisis or disaster situation. 1. All training programs pertaining to emergency management shall address the general principles of the National Incident Management System ([NAME]) as well as the Incident Command System (ICS). 2. Maintenance Director or Designee is responsible for providing and/or coordinating education efforts relating to emergency preparedness and planning. 6. The main objective for the development and maintenance of a reliable training program is to provide staff with relevant information on emergency procedures and emergency management in compliance with nationally recognized standards and best practices. 7. Training topics presented to facility staff on a regular basis include the following subjects: h. Severe Weather Awareness and Procedures. 8. Staff members are trained on the facility's emergency plans, policies and procedures upon hire and at a minimum semi-annually.</p> <p>The facility's policy, undated, Electrical Power Outage states in part; to provide auxiliary power to designated areas via the back-up generator and to provide guidance to staff and residents for continuation of services. 1. The facility has a back-up generator that runs the following: every other light in the hallways, furnaces, one outlet per resident room, med rooms, and nurse call system. a. Nursing staff must immediately identify residents that require oxygen concentrators or other life support equipment. Move these residents to an area of the facility accessible to red covered emergency outlets. (Emphasis Intended).</p> <p>Of note, the facility does not have red covered emergency outlets.</p> <p>(continued on next page)</p>		

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility's Severe Weather Policy, undated, states in part; to ensure the welfare and safety of residents and staff during severe weather conditions that warrant the National Weather Alert System to issue a tornado watch or warning. II. During Tornado Warnings or audible sounding of tornado sirens. A. Account for all residents and staff in-house and out on pass. Make sure everyone is inside. B. Via intercom announcement, instruct all staff to close windows, doors and pull draperies. pull privacy curtains and lower shades. Keep all residents away from windows. C. Assist all residents to an inside corridor away from glass, windows, or mirrors. Residents may also be placed inside interior common bath and shower rooms. D. Assure all fire doors are closed and residents are located behind fire doors. E. Do not allow residents to go out on pass. F. Cover residents with extra blankets and pillows especially near the head. G. If residents are bed bound. move entire bed to an inside corridor or shower room away from windows and glass. Tornado Warning: 1. All residents will leave their rooms or dining room and remain in the hallways and corridors and wait for further instruction. All fire doors, doors and windows shall be kept closed. 3. Employees must assist those patients confined to their beds. 4. You will be instructed by nurses in charge whether to have the patients lie flat on the floor with the mattress from the bed over their heads.</p> <p>The facility's Relias Emergency Training course objective states in part; This course assists learners on how to successfully address key rule components, including the risk assessment and emergency plan policies and procedures, the communications plan, training and testing, and emergency fuel and generator testing.</p> <p>The facility's Facility Assessment, undated, states in part; consider the following competencies disaster planning and procedures .power outage, tornado.</p> <p>Example 1</p> <p>On 5/21/24 at approximately 7:00 PM, the National Weather Services issued a tornado warning for [NAME] County. Due to the storm that passed through [NAME] County, the facility lost electrical power. The facility's emergency generator kicked in and began providing emergency power to the facility.</p> <p>On 5/24/24 at 8:45 AM, Surveyor interviewed CNA C (Certified Nursing Assistant). Surveyor asked CNA C about the power outage. CNA C stated the staff were not properly trained for a power outage. CNA C stated she still is not sure what outlets work on the generator. Surveyor asked are the resident room outlets a different color CNA C stated no they are all white. I have no idea which outlet to use, you have to just try them all until you find one that works when the generator is on. Surveyor asked CNA C if she has every had emergency training on power outages or tornado warnings. CNA C stated she has not and neither has her peers. Surveyor asked CNA C has the facility ever run a tornado drill preparing staff and residents for a severe thunderstorm or tornado CNA C stated she has never participated in a drill.</p> <p>Surveyor requested CNA C's Relias Training. CNA C's training did not include training on severe weather, tornados, or power outages.</p> <p>Example 2</p> <p>(continued on next page)</p>		

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/24/24 at 6:45 PM, Surveyor interviewed CNA M regarding the tornado warning and power outage. CNA M worked the PM shift of 5/21/24. CNA M stated we need tornado drills and severe weather drills; no one knew what to do that night. I have worked here for [AGE] years, and I knew what to do and directed others in what needed to be done. Pulling resident window blinds and keeping residents safe. It was a disaster that night we need to have drills and training, so all staff know what to do in the event of an emergency.</p> <p>Example 3</p> <p>Surveyor requested CNA D's Relias Training. CNA D's training did not include training on severe weather, tornados, or power outages.</p> <p>On 5/24/24 at 9:05 AM, Surveyor interviewed CNA D regarding the power outage and education. CNA D indicated she is not aware of any emergency outlets, if she knew they had emergency outlets she would have used the sockets for beds, TV's, oxygen etc., CNA D indicated emergency sockets are to be red, but she has not seen any red sockets. CNA D indicated residents were sent out due to not having emergency power in rooms. CNA D indicated she has not received any training on what to do in a power outage.</p> <p>Example 4</p> <p>Surveyor requested RN E (Registered Nurse) Relias Training. RN E's training did not include training on severe weather, tornados, or power outages.</p> <p>On 5/24/24 at 9:32 AM, Surveyor interviewed RN E (Registered Nurse) regarding emergency training and emergency outlets. RN E indicated she has not had any recent emergency weather training. Surveyor asked RN E if she knew if the facility had emergency outlets, RN E indicated not that she was aware of. Surveyor asked RN E what staff did regarding needing outlets, RN E indicated they got all the residents with air mattresses up and put those who needed oxygen on a portable oxygen tank until the power came back on.</p> <p>Example 5</p> <p>Surveyor requested RN F's Relias Training RN Fs training did not include training on severe weather, tornados, or power outages.</p> <p>On 5/24/24 at 10:24 AM, Surveyor interviewed RN F regarding power outage. Surveyor asked RN F if she knew where emergency outlets were located at, she indicated no, except for the one in the copier room. Surveyor asked how RN F knew that outlet was an emergency outlet, RN F indicated she made copies during the power outage. Surveyor and RN F went to look at the outlet in the copy room. The outlet was observed to have a small green dot on it. RN F indicated she is unaware of any other emergency outlet locations. RN F has not had any education since the power outage.</p> <p>Example 6</p> <p>Surveyor requested MT G's (Medication Technician) Relias Training. MT G's training did not include training on severe weather, tornados, or power outages.</p> <p>(continued on next page)</p>		

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/24/24 at 8:40 AM, Surveyor interviewed MT G (Medication Technician) regarding emergency training and emergency outlets. Surveyor asked Med tech G if she knew what to do in a power outage, MT G indicated they're supposed to have red outlets for oxygen, and air mattresses. MT G indicated she has not received education on a power outage. MT G indicated there are only 2 outlets in the hallway but was unsure if they're emergency outlets. MT G indicated she's not aware if the Resident rooms have any emergency outlets in them. MT G indicated she has not seen any red outlets to use in an emergency.</p> <p>Example 7</p> <p>R4 was admitted to the facility on [DATE]. R4 has diagnoses including T9 and T10 fracture, epidural hemorrhage, Diabetes Mellitus II and OSA (Obstructive Sleep Apnea). R4 has a Brief Interview of Mental Status (BIMS) score of 13 indicating R4 is cognitively intact.</p> <p>On 5/24/24 at 8:40 AM, Surveyor interviewed R4 regarding the power outage at the facility on 5/21/24. R4 stated the facility was out of power for about a day and a half. Surveyor asked R4 if he was able to use his CPAP (Continuous Positive Airway Pressure) machine when the facility was without power. R4 stated he was able to use his CPAP; the staff were able to locate an outlet that worked on the generator which allowed him the use of his CPAP device. Surveyor asked R4 if he was aware the area was under a tornado warning. R4 stated he was told by a staff member there was a tornado warning. R4 stated the staff were scurrying around and it seemed a bit chaotic. Surveyor asked R4 if he had to leave his room. R4 stated no a staff member did pull the shade in his room. When the power went out it took the staff some time to find an outlet in the room that worked but they eventually were able to locate a working outlet. We had minimal lighting and no TV for a day and a half or so. Surveyor asked about meals and R4 stated the facility used Styrofoam until power was restored.</p> <p>Example 8</p> <p>R5 was admitted to the facility on [DATE] with diagnoses including Morbid Obesity, Spinal Stenosis and OSA (Obstructive Sleep Apnea). R5 has a Brief Interview of Mental Status (BIMS) score of 15 indicating R5 is cognitively intact.</p> <p>On 5/24/24 at 9:00 AM, Surveyor interviewed R5 regarding the power outage at the facility on 5/21/24. R5 stated the facility was out of power for about 34 hours. Surveyor asked R5 if she was able to use his Continuous Positive Airway Pressure (CPAP) machine when the facility was without power. R5 stated she was able to use her CPAP the staff were able to locate an outlet that worked on the generator which allowed her the use of his CPAP device. Surveyor asked R5 if she was aware the area was under a tornado warning. R5 stated she saw the warning on the news before the power went out. R5 stated the staff seemed a bit rattled by the tornado warning; I do not think they were prepared for a power outage. Surveyor asked R5 if she had to leave her room. R5 stated no a staff member did pull the shade. Surveyor asked R5 about the emergency power. R5 stated the staff struggled to find an outlet in the room that worked but they eventually were able to locate a working outlet. Surveyor asked about meals during the power outage R5 stated the facility used Styrofoam and they had more cold sandwiches and salads until power was restored.</p> <p>Example 9</p> <p>(continued on next page)</p>		

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R6 was admitted to the facility on [DATE] with diagnoses including acute kidney failure, atrial fibrillation, and diabetes mellitus. R6 has a Brief Interview of Mental Status (BIMS) score of 15 indicating R6 is cognitively intact.</p> <p>On 5/24/24 at 10:00 AM, Surveyor interviewed R6 regarding the power outage at the facility on 5/21/24. R6 stated the facility was out of power for about 36 hours. Surveyor asked R6 if she was aware the area was under a tornado warning. R6 stated she saw the warning on the news before the power went out. Surveyor asked R6 how the staff responded to the tornado warning. R6 stated the staff were doing their best, but they were not prepared for the power outage. Surveyor asked R6 if she had to leave her room. R6 stated no a staff member did pull the shade. Surveyor asked R6 about the emergency power. R6 stated the staff struggled to find an outlet in the room that worked but they eventually were able to locate a working outlet so she could use her electric bed. Surveyor asked about meals during the power outage R6 stated the facility used paper plates and they were served a simpler meal until power was restored.</p> <p>On 5/24/24 at 8:20 AM, Surveyor interviewed MD H (Maintenance Director) regarding the power outage. Surveyor asked MD H how long he worked at the facility. MD H stated he has been with the facility about 1 1/2 years and the director of maintenance for about 9 months. MD H stated he was notified approximately 7:00 PM on 5/21/24, that the facility was without power, and the emergency generator was in use. Surveyor asked MD H if the generator worked during the entire power outage. MD H stated on 5/23/24, at about 5:00 AM, they were beginning to have issues and he called the representative right away to come service the generator. The facility was not completely out of power, but it was not functioning to full capacity. Surveyor asked MD H about emergency power and what functions during emergency power. MD H stated there is minimal lighting in the halls, power at the nurses station, and one outlet in every resident room. Surveyor asked MD H who is responsible to ensure staff have emergency preparedness training MD H stated he runs emergency preparedness training. Surveyor asked if they have trained on power outages and severe weather MD H stated they run through emergency preparedness in safety meeting with management.</p> <p>On 5/24/24 at 10:40 AM, Surveyor interviewed DON B (Director of Nursing) regarding the power outage at the facility and emergency training. DON B stated the facility's generator supplied power to facility and each resident room has an outlet that works during power outages. DON B stated the generator worked the entire time but did have limited power on Thursday morning, but the company came out right away did some adjustments and it was functioning a full capacity until power was restored about 8:00 AM Thursday morning. Surveyor asked DON B if the facility has emergency weather/power outage drills. DON B stated MD H provides the training and drills on all three shifts.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/24/2024
NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/24/24 at 11:20 AM, Surveyor interviewed MD H regarding the power outage and training provided to staff. Surveyor asked MD H if he was aware staff were having difficulty finding outlets that supplied power after the outage on 5/21/24. MD H stated he did hear staff where not aware of which outlets supplied power. MD H stated he told the staff the odd numbered rooms have an outlet on the L side of the window and the even numbered rooms have power on the right side of the window. Surveyor asked MD H if the facility has ever run a mock severe weather or tornado drill MD H stated he has not. Surveyor asked if he has ever discussed power outages with front line staff or if the outlets in the rooms are labeled as emergency power. MD H stated he has not run a drill or provided education on the emergency power. MD H did state some of the rooms have been labeled with a green dot since Tuesday but not all rooms have been labeled. Surveyor asked MD H if he would expect staff to have training on severe weather and power outages MD H stated he would. Surveyor asked MD H if the facility has an emergency binder, MD H stated there is a red binder at the nurses station for nursing staff to utilize and all staff should know how to respond to severe weather and power outages.</p> <p>36192</p> <p>Example 10</p> <p>On 5/24/24 at 8:35 AM, Surveyor interviewed CNA J (Certified Nursing Assistant) regarding emergency training and emergency outlets. CNA J indicated she was unsure if the generator was on and was unsure if they had red outlets for emergencies. CNA J indicated she has not received any training on weather emergencies related to power outages and had not received education on emergency outlet locations. CNA J indicated they kept trying outlets until one worked.</p> <p>Example 11</p> <p>On 5/24/24 at 9:17 AM, Surveyor interviewed DOR L (Director of Rehab) regarding the power outage. DOR L indicated some rooms had light and others did not. DOR L indicated part of the kitchen had power, but the rehab area did not have power. Surveyor asked DOR L about emergency outlets, DOR L asked Surveyor if he is supposed to know where those are located. DOR L then replied he is not aware of any emergency outlet locations.</p> <p>Example 12</p> <p>On 5/24/24 at 12:15 PM, Surveyor interviewed R8. R8 indicated his phone went off with an alert for a tornado warning. R8 indicated he asked the nurse what the tornado plan was, and the nurse indicated she didn't know there was a tornado warning and walked out of his room and shut his door. R8 indicated he has a CPAP and that the staff did not know which outlet was an emergency outlet in his room. R8 indicated his CPAP didn't work, his bed didn't work or the lights in his room. R8 indicated the next day, they tried all the outlets in his room until they found one that worked, and it wasn't strong enough to power his CPAP.</p> <p>On 5/24/24 at 12:45 PM, Surveyor interviewed CNA K (Certified Nursing Assistant) regarding power outage. CNA K indicated she couldn't get R8's CPAP to work so he went to the hospital the day of the outage (5/22/24). CNA K indicated R8 came back with an order for oxygen, but they didn't know what to do, so they called the Assistant Director of Nursing as they couldn't use a concentrator due to not having power.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Middleton Village Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  6201 Elmwood Ave Middleton, WI 53562	

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Example 13</p> <p>On 5/24/24 at 3:40 PM, Surveyor interviewed CNA I regarding emergency training and emergency outlets. CNA I indicated she was not sure where any emergency outlets were besides the one at the nurses station. CNA I indicated she only knows of the one at the nurses station due to staff charging their phones during the power outage. CNA I indicated she has not received education on where the emergency outlets are or what to do in a power outage. CNA I indicated they were not able to move beds up or down to get residents out of bed. CNA I indicated she moved R8's bed away from the window as no one else did.</p>