

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525413	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/14/2024
NAME OF PROVIDER OR SUPPLIER Willowcrest Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 3821 S Chicago Ave South Milwaukee, WI 53172	

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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>21855</p> <p>Based on record review and interview, the facility did not maintain accurate nurse data information. This has the potential to effect all 79 residents currently residing in the facility.</p> <p>* The facility Nurse Staff Posting form does not document actual staff hours, and updates with each shift, and maintained for 18 months.</p> <p>Findings include:</p> <p>On 10/14/24 Surveyor reviewed the last 30 days of Nurse Staff Postings, along with working schedules. The staff schedules did not correlate with the Nurse Staff Posting forms. The Nurse Staff Posting forms do not include actual hours staff worked on each shift, along with data that is not relevant to staff hours. The Nurse Staff Schedules showed call-ins, no call no show's and Agency staff. These changes were not reflected on the correlating Nurse Staff Posting form.</p> <p>On 10/14/24, at 10:38 AM, Surveyor interviewed Scheduler-C. The Nurse Staff Posting and staff schedules were reviewed. Scheduler-C does not have the last 18 months of Nurse Staff Postings. They arrive during the week around 9:00 AM and post the Nurse Staff Posting form for the day. They do not update it with staff changes. Scheduler-C had off for 3 weeks in September 2024 and did not update the Nurse Staff Posting forms. Scheduler-C stated they don't edit the actual staff hours with who is actually in the facility. Scheduler-C stated that some of the Nurse Staff Posting forms provided are just printed off from the computer. There is no there staff member that edits the staffing hours for each shift. Scheduler-C did not have any additional information.</p> <p>On 10/14/24, at 11:31 AM, Surveyor shared with (Nursing Home Administrator) NHA-A, and (Director of Nurses) DON-B, the Staff Posting form concerns. The NHA-A is new to the facility and did not have any additional information.</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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