

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525414	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2024
NAME OF PROVIDER OR SUPPLIER Mercy Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 2727 W Mitchell St Milwaukee, WI 53215	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49845</p> <p>Based on observation, interview, and record review the Facility did not ensure each Resident received adequate supervision and assistance devices to prevent accidents for 2 (R1 & R2) of 3 Residents reviewed for accidents.</p> <p>*R1 was assessed to require one-to-one staff supervision. R1 was left unattended and sustained a fall on 04/16/2024 that resulted in multiple fractures. Surveyor had observations of R1 not having fall prevention interventions in place of antiroll back equipment or a fall mat in place as documented in the care plan.</p> <p>*R2 was observed to not have current fall prevention interventions of auto lock brakes and Dycem in place.</p> <p>Findings include:</p> <p>The facility's policy titled: NSG (nursing) Accidents and Supervision with a last revision date of 07/04/2022, documents, .</p> <p>3. Implementation of Interventions-Using specific interventions to try to reduce a resident's risks from hazards in the environment. The process includes: e. Ensuring that the interventions are put into action.</p> <p>5. Supervision-supervision is an intervention and a means of mitigating accident risk. The facility will provide adequate supervision to prevent accidents.</p> <p>Adequacy of supervision:</p> <p>a. Defined by type and frequency</p> <p>b. Based on the individual resident's assessed needs and identified hazards in the resident environment.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525414	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2024
NAME OF PROVIDER OR SUPPLIER Mercy Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 2727 W Mitchell St Milwaukee, WI 53215	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor reviewed the one-to-one training provided to staff for R1, titled 1:1 (one-to-one) Caregiver Basics which documents . Under no circumstance is the resident to be left unattended (unless otherwise specified in the care plan). Even if the resident is sleeping the assigned one-to-one staff must be present. -If providing one-to-one supervision and the assigned staff needs to be relieved for any reason, the assigned staff must utilize the call light and wait for another staff member to respond and provide supervision of the resident. - If the resident has a need (food, water, etc.) the assigned one-to-one staff should utilize the call light so that another staff member can respond and retrieve the needed items.</p> <p>R1 was initially admitted to the facility on [DATE] with diagnoses of Parkinson's disease, Alzheimer's disease, weakness, and moderate dementia.</p> <p>R1's annual Minimum Data Set (MDS), dated [DATE], indicates R1 is severely impaired cognitively with no BIMS (Brief Interview of Mental Status) score. Per R1's MDS, R1 experiences hallucination, delusions, and behavioral symptoms. Section GG0170 (Mobility) of R1's MDS indicates R1 requires partial/moderate assistance with roll left to right, sit to lying, lying to sitting, and sit to stand. Section E0200 (Behavior Symptoms) indicates behavior occurred daily for physical behavioral symptoms directed toward others, verbal behavior symptoms directed toward others, and other behavioral symptoms not directed toward others. Section E0500 (Impact on Resident) indicated Yes for, put the resident at significant risk for physical illness or injury, significantly interfere with the resident's care, and significantly interferes with the resident's participation in activities or social interactions.</p> <p>R1's Risks For Falls care plan, with an initiation date of 01/31/2024, documents in part interventions of, [R1] is to have anti roll back on wheelchair.</p> <p>R1's Risk For Fall Care Plan revised on 02/07/2024, documents an intervention of a fall mat for comfort and as fall intervention. The interventions were revised on 04/22/2024, to include bed to be in low position.</p> <p>R1's Behavior Care Plan, with an initiation date of 02/15/2024, documents in part the intervention of, one-to-one will be provided by staff unless family is present and provide mat or covering on floor for resident to sit on.</p> <p>On 4/16/2024, the Facility submitted a Facility Reported Incident (FRI), Misconduct Incident Report, to the State Agency regarding R1 being found lying on the floor next to the bed. R1 was sent to the hospital for further evaluation and found to have a right hip fracture.</p> <p>Surveyor reviewed R1's hospital discharge summary dated 04/22/2024. R1 was discharged from the hospital with a right hip fracture, right femur fracture and multiple right rib fractures. R1 required surgical intervention and had a right intramedullary nailing by orthopedics on 04/17/2024.</p> <p>The Facility investigated R1's fall and found on 04/16/2024, Certified Medication Aide (CMA)-F was assigned to provide one-to-one care to R1. Per the FRI, CMA-F stated R1 was sleeping, and CMA-F left R1's room to use the restroom.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525414	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2024
NAME OF PROVIDER OR SUPPLIER Mercy Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 2727 W Mitchell St Milwaukee, WI 53215	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The Facility's Investigation Summary documents Staff educations [sic] was initiated immediately following the incident to ensure all care plan interventions are in place. Audit completed on all residents to ensure that care plan information was accurate and reflective interventions listed on the kardex.</p> <p>On 05/13/2024, at 09:37 AM, Surveyor observed R1 in R1's room. Certified Nursing Assistant (CNA)-C was providing one-to-one supervision. R1 was sitting in the wheelchair eating chips from the bedside table. Surveyor noted R1 did not have anti rollback device on the wheelchair as indicated in R1's care plan.</p> <p>On 05/13/2024, at 09:59 AM, CNA-C left the room with R1 and returned to the room at 10:26 AM. Surveyor noted R1 to now have anti tip back device on the wheelchair. Surveyor noted R1's At Risk for Falls Care Plan did not have anti tip back devices listed as an intervention, rather anti roll back devices were to be on the wheelchair. CNA-C informed Surveyor R1 is on one-to-one supervision due to falls and behaviors.</p> <p>On 05/13/2024, at 10:30 AM, Surveyor interviewed Registered Nurse (RN)-D. RN-D informed Surveyor RN-D works as needed and started working at the facility in February of 2024. RN-D informed Surveyor R1 has been on one-to-one supervision since RN-D started working at the Facility. RN-D states RN-D was working the day of R1's fall. RN-D states she was in a treatment room at the time when she was informed of the fall. RN-D states she went to R1's room, assessed R1, and ultimately sent R1 to the hospital for hip pain. RN-D indicated R1 had not been moved prior to transport arriving. RN-D informed Surveyor if a resident requires one-to-one supervision it is relayed in the daily report between shifts and a CNA is assigned to the one-to-one on the schedule. RN-D states if the assigned one-to-one CNA needs a break, the CNA's will work that out between the CNA's to relieve each other.</p> <p>On 05/13/2024, at 10:35 AM, Surveyor interviewed Social Services Director (SSD)-E. SSD-E states she was working the day R1 was found on the floor and was in the conference room across the hall from R1's room. SSD-E states she heard something across the hall and went to see what happened. SSD-E states she saw R1 on the floor. SSD-E verified CMA-F was to be a one-to-one with R1 and was not present in the room with R1 at that time.</p> <p>On 05/13/2024, at 11:10 AM, Surveyor interviewed the Maintenance Director (MD)-G. MD-G states Nursing staff will put in a request for wheelchair equipment for residents through a computer maintenance request system. MD-G informed Surveyor anti tip back equipment prevents resident's wheelchair from tipping backwards and anti-roll back equipment prevents residents' wheelchairs from rolling backwards. MD-G states he will print out a report once a month to check equipment. Surveyor asked MD-G if there is antiroll back equipment on R1's wheelchair. MD-G states no, there is not antiroll back equipment on R1's wheelchair. MD-G informed Surveyor he had just installed anti tip back equipment to R1's wheelchair today. Surveyor asked MD-G if there was an order put into a computer maintenance request system for R1's wheelchair equipment, MD-G states no, he received a verbal order to equip R1's wheelchair with anti-tip back equipment today.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525414	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2024
NAME OF PROVIDER OR SUPPLIER Mercy Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 2727 W Mitchell St Milwaukee, WI 53215	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/13/2024, at 12:20 PM, Surveyor called CMA-F confirmed being the one-to-one staff assigned to R1 on 04/16/2024 when R1 was found on the floor. CMA-F states while supervising R1, CMA-F needed to use the restroom. CMA-F indicated R1 was sleeping in bed and CMA-F looked into the hall but did not see anyone to ask for assistance. CMA-F states she went to the bathroom and when she came out, she saw staff members by R1's room. CMA-F states once she got to R1's room, R1 was on the floor. CMA-F informed Surveyor she received training on the Facility one-to-one policy immediately during the investigation and after the investigation. CMA-F states during a one-to-one supervision, the resident is not to be left alone and to ensure staff is always with one-to-one resident.</p> <p>On 05/13/2024, at 12:28 PM Surveyor observed R1 in bed, with a family member in the room. Surveyor noted R1's bed was not in the low position and a fall mat was not on the floor as per R1's care plan.</p> <p>On 05/13/2024, at 12:58 PM, Surveyor interview MDS Coordinator, Licensed Practical Nurse (LPN)-I. LPN-I states on 04/16/2024, LPN-I was coming from the front office when she heard a staff member say, Call 911. LPN-I states R1 was found on the floor in R1's room. LPN-I informed Surveyor R1 was to have a mat on the floor but did not at the time she was found on the floor. LPN-I also states, R1's bed was at the height of LPN-I's hip, about 30 inches from the ground at that time. LPN-I states reeducation on one-to-one supervision was provided to all CNA's after the incident.</p> <p>On 05/13/2024, at 01:15 PM, Surveyor interviewed [NAME] President of Success (VP)-J. VP-J states there is no Facility policy for one-to-one supervision and states the training provided for one-to-one supervision is specific for R1 only.</p> <p>On 05/13/2024, at 01:39 PM, Surveyor shared with the Nursing Home Administrator (NHA)-A and VP-J the concern R1 was assessed to require one-to-one supervision, was left unattended and sustained a fall on 04/16/2024 which resulted in multiple fractures. Surveyor shared the concern R1 was observed to not have antiroll back equipment or a fall mat in place as care planned. No further information was provided at that time.</p> <p>38253</p> <p>2) R2 was admitted to the facility on [DATE] with diagnoses of hemiplegia and hemiparesis of the right side due to a cerebral infarction, dysphagia, pervasive developmental disorder, congestive heart failure, epilepsy, anxiety, depression, and schizophrenia.</p> <p>R2's Quarterly Minimum Data Set (MDS) assessment dated [DATE] indicated R2 had severe cognitive impairment per staff assessment. R2 had a Legal Guardian.</p> <p>R2's Activities of Daily Living Care Plan interventions stated R2 needed assistance of one for bed mobility, dressing, personal hygiene, toileting, and transfers.</p> <p>R2 had an At Risk for Falls Care Plan initiated 9/19/2019 and had been last revised on 6/5/2023. The interventions in place on 5/13/2024 during the survey included:</p> <p>-Anticipate and meet R2's needs; encourage R2 to always call for assistance; keep frequently used items within reach.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525414	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2024
NAME OF PROVIDER OR SUPPLIER Mercy Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 2727 W Mitchell St Milwaukee, WI 53215	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> -Auto lock brakes to wheelchair. -Dycem for wheelchair cushion. -Follow therapy recommendations for transfers, mobility and ambulation. -Frequent rounds on [R2]. -Nurse Practitioner to follow for anxiety diagnosis. -Once [R2] is awake, after morning ADL (Activities of Daily Living) cares, offer to assist into wheelchair. -Reclining back wheelchair. -Saddle gel cushion in wheelchair. <p>On 5/13/2024, at 9:59 AM, Surveyor observed R2 lying awake in bed. The bed was in a low position. R2's reclining back wheelchair was on R2's side of the room across from the bed. The wheelchair had a gel saddle cushion in place. Auto lock brakes were not observed to be on the wheelchair and Dycem was not under the wheelchair cushion as per care plan.</p> <p>In an interview on 5/13/2024, at 11:11 AM, Surveyor asked Maintenance Director-G what the facility process was for a resident to have a device put on a resident wheelchair. Maintenance Director-G stated a request is entered by the nurse into a computer maintenance request system and Maintenance Director-G then completes the request and signs out the work order is completed in the system. Surveyor asked Maintenance Director-G what the difference was between anti-tippers and anti-rollbacks for a wheelchair. Maintenance Director-G stated the anti-tippers keep the chair from tipping over backwards and the anti-rollbacks keep the chair from going backwards. Surveyor asked Maintenance Director-G if R2 had any devices on the wheelchair. Maintenance Director-G was not able to recall R2 having any devices. Surveyor asked Maintenance Director-G if Maintenance Director-G had a list of all the resident wheelchairs that had devices on them. Maintenance Director-G stated once a month a list is printed to check the equipment on the wheelchairs. Surveyor requested that list from Maintenance Director-G. Review of the list did not show R2 had any device on the wheelchair.</p> <p>R2's CNA (Certified Nursing Assistant) Kardex, which provides interventions that should be in place per the care plan, listed the following interventions:</p> <ul style="list-style-type: none"> -Auto lock brakes to wheelchair. -Saddle gel cushion in wheelchair. -Once R2 is awake, after morning ADL cares, offer to assist into wheelchair. -Reclining back wheelchair. <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525414	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2024
NAME OF PROVIDER OR SUPPLIER Mercy Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 2727 W Mitchell St Milwaukee, WI 53215	
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)		
F 0689 Level of Harm - Actual harm Residents Affected - Few	<p>In an interview on 5/13/2024, at 12:24 PM, Surveyor asked Certified Nursing Assistant (CNA)-H if CNA-H was familiar with R2. CNA-H stated CNA-H was caring for R2 that day. Surveyor asked CNA-H if R2 had any interventions to keep R2 safe or to keep from falling. CNA-H stated R2 did not have any specific interventions. Surveyor asked CNA-H if R2 had a special cushion in the wheelchair or Dycem that needed to be placed under the wheelchair cushion. CNA-H stated no.</p> <p>On 5/13/2024, at 1:15 PM, Surveyor shared with Nursing Home Administrator (NHA)-A the observation of R2's wheelchair that did not have auto lock brakes in place and no Dycem was under the wheelchair cushion. Surveyor shared with NHA-A the interview Surveyor had with CNA-H and CNA-H not being aware of any interventions for R2's safety. NHA-A did not have any further information at that time.</p>		