STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525414	A. Building B. Wing	03/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mercy Health Services	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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility did not ensure 1 (R4) of 4 residents had a complete and accurate medical record. R4 was on hospice and a full code. On [DATE] the nurses note documents (R4) time of death per hospice 1840 (6:40 p.m.). There is no documentation of an assessment or actions that preceded R4's death. Interim Director of Nursing (DON)-B stated he documented the assessment and actions on a facility risk management form and did not transfer this information into R4's medical record. Findings include:R4 was admitted to the facility on [DATE] with diagnoses of chronic obstructive pulmonary disease (COPD), left ischium fracture and hypertension. The significant Minimum Data Set (MDS) dated [DATE] documents R4 as cognitively intact and needing maximum assistance for eating and dependent for toileting and hygiene. On [DATE] the nurses notes document R4 having a change in condition with R4's oxygenation. R4 was sent to the hospital for evaluation. On [DATE] the nurses notes document R4 readmit to the facility with hospice services and R4 wishes to remain full code. The nurses notes document R4's slow decline due to R4 not wanting to eat anymore and refusing medications. R4 did not want any further hospitalizations and requested just comfort measures. On [DATE] the nurses note documents (R4's) time of death per hospice 1840 (6:40 p.m.). There is no documentation of an assessment or actions that preceded R4 death.On [DATE] at 10:20 a.m. Surveyor interviewed Assistant Director of Nursing (ADON)-C. Surveyor asked ADON-C, what occurred on [DATE] when R4 died. ADON-C stated she was on a lunch break and was called back to the facility because R4 was found unresponsive. ADON-C stated when she arrived at R4's room, she found Interim DON-B performing CPR (cardiopulmonary resuscitation) on R4. ADON-C stated she proceeded to help Interim DON-B. ADON-C stated paramedics were at the facility to attend to a resident that was not distressed and paramedics assisted Interim DON-B. ADON-C stated she notified the hospice team. ADON-C stated she did not document any assessment or CPR being performed. ADON-C stated she believes Interim DON-B documented the assessment. On [DATE] at 1:30 p.m. Surveyor interviewed Interim DON-B. Surveyor asked Interim DON-B what occurred on [DATE] when R4 died. Interim DON-B provided Surveyor with documented assessment and description of what was completed for R4 on [DATE]. Interim DON-B stated he was made aware by a CNA that R4 was unresponsive. Interim DON-B saw R4 was unresponsive with no pulse and no respirations. Interim DON-B stated she released the air mattress and began compressions while telling staff to get the crash cart and ADON-C arrived and she assisted with getting the Automated External Defibrillator (AED) on R4. In the meantime, paramedics were in the building attending to a resident that was not distressed and came to assist Interim DON-B. Interim DON-B stated the paramedics assisted and pronounced R4 dead. Interim DON-B stated ADON-C notified the hospice team and the hospice nurse arrived and officially pronounced R4 dead. Surveyor asked Interim DON-B why the documentation of this event was documented in a risk form instead of R4 medical record. Interim DON-B stated the documentation did not carry over into R4 medical record. On [DATE] at 2:15 p.m. Surveyor explained to NHA-A that the concern R4 medical record did not contain the documented information regarding the incident on [DATE] with R4. NHA-A understood the concern and had no additional information.

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