

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 05/21/2025
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 3) Surveyor reviewed R2's medical record. On 12/16/24 the nurses note indicate R2 had a change of condition and experiencing chest pain and shortness of breath. R2 was sent to the hospital with an admitting diagnoses of exacerbation CHF (congestive heart failure) and UTI (urinary tract infection).</p> <p>On 5/19/25 during the daily exit meeting with DON (director or nursing)-B and NHA (nursing home administrator)-A, Surveyor asked for the transfer and bed hold notice for R2's hospitalization on 12/16/24.</p> <p>On 5/20/25, at 12:00 p.m., VP (Vice President) of Success D explain to Surveyor they have no bed hold and transfer notice for any resident.</p> <p>4) Surveyor reviewed R10's medical record. On 2/24/25 R10's medical record documents: was experiencing seizures and was sent to the hospital. R10 was admitted for seizures.</p> <p>On 5/19/25 during the daily exit meeting with DON-B and NHA-A, Surveyor asked for the transfer and bed hold notice for R10 hospitalization on 2/24/25.</p> <p>On 5/20/25, at 12:00 p.m., VP of Success D explain to Surveyor they have no bed hold and transfer notice for any resident.</p> <p>5) Surveyor reviewed R15's medical record. On 2/19/25 R15 was experiencing a change in altered mental status and was sent to the hospital. R15 was admitted for altered mental status.</p> <p>On 5/19/25 during the daily exit meeting with DON-B and NHA-A, Surveyor asked for the transfer and bed hold notice for R15 hospitalization on 2/19/25.</p> <p>On 5/20/25, at 12:00 p.m., VP of Success D explain to Surveyor they have no bed hold and transfer notice for any resident.</p> <p>6) Surveyor reviewed R22's medical record. On 4/10/25 R22 was vomiting coffee brown emesis and was sent to the hospital. R22 was admitted due to vomiting coffee brown emesis. On 5/5/25 R22 was experiencing a change in altered mental status. R22 was admitted to the hospital.</p> <p>On 5/19/25 during the daily exit meeting with DON-B and NHA-A, Surveyor asked for the transfer and bed hold notice for R22 hospitalization on 4/10/25 and 5/5/25.</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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/20/25, at 12:00 p.m., VP of Success D explain to Surveyor they have no bed hold and transfer notice for any resident</p> <p>Based on staff and resident interview and record review, the facility did not ensure 9 resident's (R4, R5, R2, R10, R15, R22, R26, R31 and R233) of 9 resident's reviewed for hospitalization received the proper notice of transfer, reason for transfer, location of transfer, appeal rights, and name and address (mailing and email) with telephone number of the Office of the State Long-Term Care Ombudsman. In addition, the facility did not ensure R4, R5, R2, R10, R15, R22, R26, R31, R233 and/or their representative received written information on the duration of the bed hold policy, the reserve bed payment policy, and the right to return to the facility.</p> <p>*R2 was transferred to the hospital on [DATE] and a transfer and bed hold notice were not given to R2 and/or R2's representative.</p> <p>*R4 was transferred tot he hospital on 1/26/25 and a transfer and bed hold notice were not given to R4 and/or R4's representative.</p> <p>*R5 was transferred to the hospital on 2/1/25 and a transfer and bed hold notice were not given to R5 and/or R5's representative.</p> <p>*R10 was transferred to the hospital on 2/24/25 and a transfer and bed hold notice were not given to R10 and/or R10's representative.</p> <p>*R15 was transferred to the hospital on 2/19/25 and a transfer and bed hold notice were not given to R15 and/or R15's representative.</p> <p>*R22 was transferred to the hospital on 4/10/25 and 5/5/25 and a transfer and bed hold notice were not given to R22 and/or R22's representative.</p> <p>*R26 was transferred to the hospital on 3/20/25 and a transfer and bed hold notice were not given to R26 and/or R26's representative.</p> <p>*R31 was transferred to the hospital on 4/23/25 and a transfer and bed hold notice were not given to R31 and/or R31's representative.</p> <p>*R233 was transferred to the hospital on 2/17/25 and a transfer and bed hold notice were not given to R233 and/or R233's representative.</p> <p>Findings include:</p> <p>On 5/20/25 at 12:11 PM, [NAME] President of Success-D was interviewed and indicated the business manager was doing the bed hold and transfer notices and went on leave and it fell by the wayside and wasn't being done. [NAME] President of Success-D indicated R2, R4, R5, R10, R15, R22, R26, R31, R233 and/or their representative did not receive transfer/bed hold notices for the above hospitalizations.</p> <p>(continued on next page)</p>		

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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/20/25, the facilities policy titled Bed Hold Notice dated 4/23/25 was reviewed and documented: It is the policy of this facility to provide written information to the resident and/or the resident representative regarding bed hold practices at the time of a transfer of hospitalization.</p> <p>The facility will keep a signed and dated copy of the bed hold notice information given to the resident and/or resident representative in the resident's file and/or medical record.</p> <p>On 5/20/25, the facilities policy titled Transfer and Discharge dated 7/15/22 was reviewed and documented: Provide transfer notice as soon as practicable to resident and representative.</p> <p>1.) On 5/20/25, the Surveyor reviewed R4's medical record and it indicated R4 was transferred to the hospital on 1/26/25. R4's medical record did not include documentation that a transfer notice had been given to the resident and/or their representative for the hospitalization.</p> <p>On 5/20/25 at 3:00 PM, the above findings were shared with Nursig Home Administrator-A and Director of Nurses-B. Additional information was requested if available. None was provided as to why a transfer and bed hold notice were not given to R4 and/or their representative for their hospitalization on 1/26/25.</p> <p>2.) On 5/20/25, the Surveyor reviewed R5's medical record and it indicated R5 was transferred to the hospital on 2/1/25. R4's medical record did not include documentation that a transfer notice had been given to the resident and/or their representative for the hospitalization.</p> <p>On 5/20/25 at 3:00 PM, the above findings were shared with Nursing Home Administrator-A and Director of Nurses-B. Additional information was requested if available. None was provided as to why a transfer and bed hold notice were not given to R4 and/or their representative for their hospitalization on 2/1/25.</p> <p>9) R233 was admitted to the facility on [DATE]. Surveyor reviewed R233's Electronic Medical Record (EMR) and noted R233 was hospitalized on [DATE]. R233 has not returned to the facility.</p> <p>On 5/20/25, at 3:35 PM, during the daily exit meeting with the facility, Surveyor requested the bed hold and transfer notice from R233's discharge to the hospital from [NAME] President (VP) of Success-D.</p> <p>On 05/21/2025, at 10:35 AM, VP of Success-D informed Surveyor there is no bed hold or transfer notice regarding R233's hospitalization on 2/17/25. No additional information was provided by the facility at this time.</p> <p>7) R26 was admitted to the facility on [DATE]. Surveyor reviewed R26's Electronic Health Record and noted R26 was transferred to the hospital on [DATE] and returned to the facility on [DATE].</p> <p>Surveyor requested the bed hold and transfer notice from R26's transfer to the hospital.</p> <p>On 05/20/2025, at 09:07 AM, [NAME] President (VP) of Success-D informed Surveyor there is no bed hold notice for R26 in March and the transfer notice is part of bed hold.</p> <p>(continued on next page)</p>		

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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>8) R31 was admitted to the facility on [DATE]. Surveyor reviewed R31's Electronic Health Record and noted R26 was transferred to the hospital on [DATE] and returned to the facility on [DATE].</p> <p>On 05/19/2025, at 03:12 PM, VP of Clinical-K could not find bed hold/transfer notice for R31 for the 4/23/2025 transfer to the hospital.</p> <p>On 05/20/2025, at 12:00 PM, VP of Success-D informed Surveyor the Business Office Manager was responsible for the bed hold/transfer notifications, but the Facility will now go back to nurses doing them, to ensure they are to be done in real time.</p> <p>On 05/21/2025, at 01:24 PM, Surveyor informed the Facility of the above concerns. No further information was provided at time of write up.</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 2.) R5 was admitted to the facility on [DATE] with diagnosis that included Dementia with Behavioral Disturbance, Schizophrenia and Anxiety.</p> <p>On 5/19/25, R5's physician orders were reviewed and documented R5 was on the medication olanzapine (antipsychotic) for Schizophrenia since 6/21/23 and Seroquel (antipsychotic) since 5/19/23 for Schizophrenia.</p> <p>On 5/19/24, R5's Abnormal Involuntary Movement Assessment (AIMS) dated 1/2/25 was reviewed and indicated a score of 3 due to irregular movements in her upper extremities. The scoring section documented a score of 3 in only one body area requires a referral for a complete neurological exam.</p> <p>On 5/19/24, R5's medical record was reviewed and no neurological exam was found from 1/2/25 to present.</p> <p>On 5/20/25, at 12:03 PM, [NAME] President of Success-D was interviewed and indicated R5 should have had a referral for neurological exam after her score of 3 on the AIMS on 1/2/25 and this was not completed.</p> <p>On 5/20/25, at 3:00 PM, the above findings were shared with Nursing Home Administrator-A and Director of Nurses-B. Additional information was requested if available. None was provided as to why R5 was not referred for a complete neurological exam after her AIMS score of 3 on 1/2/25.</p> <p>Based on interview and record review the facility did not ensure adequate monitoring for unnecessary medications for 2 (R26 and R5) of 2 residents requiring neurological testing related to Abnormal Involuntary Movement Scale (AIMS).</p> <p>* R26 had an AIMS assessment score requiring a referral for a complete neurological exam, was not followed through.</p> <p>* R5 had an AIMS assessment score requiring a referral for a complete neurological exam, was not followed through.</p> <p>Findings:</p> <p>R26 was admitted to the facility on [DATE] with diagnoses which include, dementia (the loss of cognitive function, including memory, thinking, and reasoning, that interferes with daily life), Schizophrenia (a chronic mental disorder that affects how a person thinks, feels, and behaves), Anxiety (an emotional state characterized by feelings of unease, worry, or fear, often related to anticipated danger or misfortune) and Bipolar Disorder (a mental health condition characterized by extreme mood swings between periods of high energy and productivity (mania or hypomania) and periods of low energy and depression).</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R26's most recent, Quarterly Minimum Data Set (MDS), dated [DATE], documents R26 is able to understand and be understood, with a Brief Interview for Mental Status (BIMS) score of 13 indicating R26 is cognitively intact, R26 does not exhibit any behavior concerns or rejection of care, has impairment in upper extremities (Shoulder, elbow, wrist, hand) range of motion on both sides, dependent on staff for upper and lower body dressing.</p> <p>Surveyor reviewed R26's Electronic Health Record and noted R19 had an AIMS assessment completed on 03/24/2025, documenting a score of 5. Surveyor reviewed the Facility provided document, titled AIMS- Abnormal Involuntary Movement NSHC (National Health Service Corps) for R19. Surveyor noted, G. SCORING .1. No single score exceeding 1 (in items 1 to 10), LOW RISK OF MOVEMENT DISORDER. 2. A score of 2 in only one of the 7 body areas (items 1 to 7), BOARDERLINE, OBSERVE CLOSELY. 3. A score of 2 in 2 or more of the 7 body areas (items 1 to 7), REFERRAL FOR NEUROLOGICAL EXAM. 4. A score of 3 or 4 in only one of the 7 body areas (items 1 to 7), REFERRAL FOR COMPLETE NEUROLOGICAL EXAM.</p> <p>On 05/20/2025, at 08:55 AM, Surveyor interviewed [NAME] President (VP) of Success- D regarding R26's AIMS. VP of Success-D indicated that VP of Success-D will do more digging, and the only neurological exam that was preformed for R26 was during full head to toe at the hospital. VP of Success-D indicated R26 was readmitted to the facility on [DATE] and that is when the AIMS assessment was conducted.</p> <p>On 05/20/2025, at 09:30 AM, Surveyor interviewed Registered Nurse (RN)-J. RN-J indicated nurses do the AIMS assessments for residents receiving psychotropic medications. Surveyor asked RN-J by looking at R26's AIMS dated 03/24/2025, what would the nurse do. RN-J indicated with a score of 5- refer for complete assessment, need to be evaluated more closely and notify the physician.</p> <p>On 05/20/2025, at 11:22 AM, Surveyor interviewed Director of Nursing (DON)-B regarding R26's AIMS conducted on 03/24/2025. DON-B indicated that triggers every quarter and the nurse on days or PM is supposed to complete them but sometimes DON-B will complete the AIMS. For the AIMS dated 03/24/2025, DON-B indicated she would expect nurses to put in a note, notify the provider and management. DON-B informed Surveyor DON-B started re-education beginning today.</p> <p>On 05/21/2025, at 01:24 PM, Surveyor informed the Facility of the above concerns. No further information was provided at time of write up.</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>Based on observation, record review and staff interviews, the facility did not ensure food was mechanically altered per provided recipe for 3 (R1, R11 & R19) of 3 sampled residents with puree textured diet orders.</p> <p>On 5/19/25, Surveyor observed Dietary Aide-M not preparing pureed breakfast sausage links according to a recipe to provide the highest level of nutrition to residents receiving a puree diet.</p> <p>Findings include:</p> <p>On 5/19/25 at 7:22 AM, Surveyor began a continuous observation of kitchen breakfast food preparation and service. Surveyor observed Dietary Aide-M preparing breakfast sausage link puree. Surveyor noted the kitchen's robot coupe (a blending device for preparing pureed foods) contained approximately 25 breakfast sausage links. Surveyor asked Dietary Aide-M how many portions of puree breakfast sausage they would be preparing. Dietary Aide-M responded There should be six. Dietary Manager-N who was observing Dietary Aide-M then told Surveyor they actually believe there are 3 or 4 residents who are receiving a puree diet at this time.</p> <p>Surveyor observed preparation of the breakfast sausage link puree. Surveyor observed Dietary Aide-M pouring 3 unmeasured spoonfuls of thickening powder to the robot coupe and an unmeasured amount of boiling water to the breakfast sausage mixture which they pureed at this time. On 5/19/25 at 8:35 AM, Surveyor completed observations of dining room breakfast service and requested facility menus and puree recipe for breakfast sausage links from Dietary Manager-N. Dietary Manager-N told Surveyor they would print out the menus and recipes for Surveyor to review.</p> <p>On 5/19/25 at 9:12 AM, Surveyor returned to the facility's kitchen to observe dishwashing service. At 5/19/25 at 9:28 AM, Surveyor followed up with Dietary Manager-N to request the puree recipe for breakfast sausage links for a second time.</p> <p>On 5/19/25 at 9:35 AM, Dietary Aide-M approached Surveyor. Dietary Aide-M told Surveyor they had meant to add gravy to the breakfast sausage puree this morning and had forgotten to add the gravy to the recipe instead of boiling water to make the breakfast sausage puree more nutritious.</p> <p>On 5/19/25 at 10:05 AM, Dietary Manager-N provided Surveyor with a recipe for pureed breakfast sausage patties. On 5/19/25 at 10:35 AM, Surveyor spoke to [NAME] President (VP) of Success-D to request the proper puree recipe for breakfast sausage links in lieu of puree breakfast sausage patties. On 5/19/2025 3:55 PM at the daily exit meeting, Surveyor was told by VP of Success-D that there was no current recipe in place for puree breakfast sausage links.</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/21/2025 at 12:35 PM, Surveyor conducted interview with Director of Nursing (DON)-B, VP of Success-D and VP of Clinical-K. Surveyor shared concerns regarding the observations of Dietary Aide-M not following a recipe during preparation of the puree breakfast sausage links and adding unmeasured amounts of thickener and water that could impact the nutritive value of the puree food. Surveyor also voiced concerns related to dietary staff not having awareness of how many portions of puree to prepare for residents who are in need of a puree diet. VP of Success-D confirmed with Surveyor that as of the start of the recertification and complaint survey on 5/18/25 that there were 3 residents at the facility that required a puree diet. No additional information was shared by the facility at this time.</p>		