

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525415	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/01/2024
NAME OF PROVIDER OR SUPPLIER  Menomonee Falls Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE  N84 W17049 Menomonee Ave Menomonee Falls, WI 53051	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>47094</p> <p>Based on observation, and interview the facility did not provide a safe, clean, comfortable homelike environment which had the potential to affect all residents eating in the dining room and 2 (R282, R26) of 4 residents observed for cares.</p> <p>Surveyor observed residents being served meals placed in front of them on trays in the dining room.</p> <p>R282 had a strong urine odor in R282's bedroom and observations of yellow stains on the bed sheet on 4/29/2024 and 5/1/2024.</p> <p>Surveyor noted a urine odor and observed a yellow stain on the bed sheet for R26 when observing cares.</p> <p>Findings include:</p> <p>1.) On 4/28/2024 at 12:08 PM Surveyors observed dining room staff bring out noon meal food that was set up on trays and started to place the trays in front of residents in the dining room.</p> <p>On 4/29/2024 at 8:23 AM Surveyors observed dining room staff bring out breakfast meal set up on trays and started to place the trays in front of resident in the dining room.</p> <p>On 5/1/2024 at 11:44 AM Surveyor shared concerns with director of nursing (DON)-B about residents being served their meals on trays in the dining room. DON-B stated DON-B noted the same thing and shared concern, and stated DON-B will be addressing it with staff that food should be taken off the tray and served to residents and not on the tray. No further information was provided at this time.</p> <p>2.) On 4/28/2024 at 1:58 PM Surveyor went into R282's room, after being invited in, and noted a very strong urine odor. R282 was lying on the bed and stated R282 arrived at the facility about 2 weeks ago. Surveyor asked R282 if R282 received assistance with toileting or cares. R282 stated that R282 was able to do it without assistance.</p> <p>On 4/29/2024 at 8:41 AM Surveyor went into R282's room and noted a strong urine odor and observed a large yellow area on R282's bed sheet near the foot of R282's bed.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/1/2024 at 10:00 Am Surveyor observed R282 in R282's bedroom working with physical therapy. Surveyor noted a strong urine odor coming from R282's bedroom while standing in the hallway.</p> <p>On 5/1/2024 at 12:16 PM Surveyor observed R282's bed was made and had a large yellow spot in the middle of R282's bed sheet.</p> <p>On 5/1/2024 at 12:18 PM Surveyor interviewed certified nursing assistant (CNA)-N who stated CNA-N has not smelled a urine odor in R282's bedroom. Surveyor asked if CNA-N noticed a yellow marking on R282's bed this morning. CNA-N stated CNA-N did not make R282's bed this morning but would look into it and change it if necessary.</p> <p>On 5/1/2024 at 12:21 PM Surveyor shared concerns with director of nursing (DON)-B regarding R282's bedroom having strong urine odor and yellow spots observed on bedding. No further information was provided at this time.</p> <p>3.) On 4/29/24 at 9:23 a.m. Surveyor observed CNA (Certified Nursing Assistant)-S &amp; CNA-K place gown &amp; gloves on and enter R26's room. Surveyor asked CNA-K what they were going to do. CNA-K informed Surveyor they were going to reposition R26. The bedding was removed from R26 and R26 was informed by staff they were going to boost her up. CNA-S and CNA-K positioned R26 up in bed and then rolled R26 onto the right side. Surveyor observed there was a yellow stain under R26 and noted an odor of urine. CNA-K asked CNA-S to go get CNA-M and tell her to bring everything. CNA-K stated she was going to cover R26. CNA-K removed her PPE (personal protective equipment) and left R26's room. Surveyor asked CNA-K if the sheet was wet. CNA-K informed Surveyor it looks like dried urine that's why I had her go get name of CNA-M and wondered who had R26 last night.</p>		